RI SOS Filing Number: 202194662240 Date: 3/17/2021 12:58:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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2021 MAR 17 PM 12:56

1. Entity ID Number	2. Exact name of the Corporation
000127178	Salvadore Auctions & Appraisals, Inc.

3. Principal Office Address	City	State	Zip
750 Boston Neck Road Suite 14	Narragansett	RI	02882

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541990	PERFORM AUCTION AND APPRAISAL RELATED SERVICES
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michael A Salvadore Jr			Vice-President Name: Michael A Salvadore Jr		
Street Address: 750 Boston Neck Road Suite 14			Street Address: 750 Boston Neck Road Suite 14		
City: Narragansett	State: RI	Zip: 02882	City: Narragansett	State: RI	Zip: 02882
Secretary Name: Michael A Salvadore Jr			Treasurer Name: Michael A Salvadore Jr		
Street Address: 750 Boston Neck Road Suite 14			Street Address: 750 Boston Neck Road Suite 14		
City: Narragansett	State: RI	Zip: 02882	City: Narragansett	State: RI	Zip: 02882

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS-SERIES	PAR VALUE
Changes require an additional filing.	10	STK	0.00

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Michael A Salvadore Jr.	03/17/21

Signature of Authorized Representative

FILED 12:58

MAR 17 2021

BY QBN1VHK

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020