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

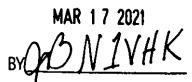
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9000	STATE
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Penalty: Additional \$25.00 fee if form is not filed by April 1.  1. Entity ID Number 2. Exact name of the Corporation					340 - 34.7 <u>0 v</u>	44		
. Entity ID Number 000127178		e of the Corporation e Auctions & .	TAR 17 PM 12	AR 17 PM 12: 56				
. Principal Office Address	<u> </u>		City		State	Zip		
750 Boston Neck Road Si	uite 14		Narraganse	ett	RI	02882		
. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island						
541990	PERFORM	PERFORM AUCTION AND APPRAISAL RELATED SERVICES						
State of Incorporation								
RI								
List ALL officers (names a	nd addresses)				k the box to indic	cate an attachment [		
President Name Michael A S	alvadore Jr		Vice-President	Michael A	Salvadore Jr			
Rreet Address 750 Boston N		4	Street Address	750 Boston Nec				
Narragansett	State RI	<sup>Zip</sup> 02882	City Narraga	nsett	State RI	<sup>Z p</sup> 02882		
Secretary Name Michael A S	alvadore Jr		freasurer Name Michael A Salvadore Jr					
Stree: 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)				ck the box to ind	icate an attachment		
Director Name			Director Name	•				
Street Address			Street Address					
City	State	Z:p	City	<del> </del>	State	Zıp		
Director Name			Director Name					
Street Address			Street Addres	s				
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Is	10. Shares Issued		Check the box to indicate an attachment			
This information is currently	currently of record in the		NUMBER OF SHARES CLASS					
Department of State.		10		STK		0.00		
Changes require an addition	al filing.					<del></del>		
11. This report must be exe trustee, this report must be	cuted on behalf of th	ne corporation by an	authorized repre	esentative. If the co	prporation is in th	c hands of a receive		
Under penalty of periury.	I declare and affirm	n that I have exami	ned this report,	including any ac	companying scl	redules 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 Re	presentative			rı: FD	12:5	Ø.		
	1672			FII ED	19.7	<u>v</u>		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Wobsite: www.sos.rt.gov



FORM 530 - Revised: 08/2029