



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

JUN 02 2021

BY *Online Filing*

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

1. Entity ID Number 000067523		2. Exact name of the Corporation Olympus Group Real Estate Co	
3. Principal Office Address 151 Broadway, Suite 300		City Providence	State RI
		Zip 02903	
4. NAICS Code 531210	6. Brief description of the character of business conducted in Rhode Island Full Service Real Estate Brokerage Services		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Richard J Amato		Vice-President Name	
Street Address 151 Broadway, Suite 300		Street Address	
City Providence	State RI	Zip 02903	
Secretary Name F Ed Webb III		Treasurer Name	
Street Address 151 Broadway, Suite 300		Street Address	
City Providence	State RI	Zip 02903	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name F Ed Webb III		Director Name Richard J. Amato	
Street Address 151 Broadway, Suite 300		Street Address 151 Broadway, Suite 300	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02903
Director Name Gregory Micallef		Director Name	
Street Address 151 Broadway, Suite 300		Street Address	
City Providence	State RI	Zip 02903	
9. Shares Authorized			
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		6000	CNP
		PAR VALUE	
		\$ 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 <i>Richard Amato</i>		Date	
Signature of Authorized Representative <i>Richard J Amato</i>			

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