



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 15 2022

BY [Signature]

1. Entity ID Number <u>158554</u>		2. Exact name of the Corporation <u>COLLEGIATE PROPERTIES INC.</u>	
3. Principal Office Address <u>122 NORTH RIVER DR.</u>		City <u>NARRAGANSETT</u>	State <u>RI</u>
		Zip <u>02882</u>	
4. NAICS Code <u>531311</u>	6. Brief description of the character of business conducted in Rhode Island <u>R.E. MGMT</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>MARGUERITE M. SALVATORE</u>		Vice-President Name <u>ANTONIO SALVATORE JR.</u>	
Street Address <u>122 NORTH RIVER DRIVE</u>		Street Address <u>'SAME'</u>	
City <u>NARRAGANSETT</u>	State <u>R.I.</u>	Zip <u>02882</u>	
Secretary Name <u>JULIAN L. SALVATORE</u>		Treasurer Name <u>MARGUERITE M. SALVATORE</u>	
Street Address <u>'SAME'</u>		Street Address <u>'SAME'</u>	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES <u>500</u>		CLASS/SERIES <u>STK</u>
			PAR VALUE <u>0.0100</u>
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. <u>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.</u>			
Name of Authorized Representative <u>MARGUERITE M. SALVATORE</u>		Date <u>4-13-2022</u>	
Signature of Authorized Representative <u>[Signature]</u>			

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: 11/2021