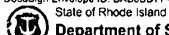
RI SOS Filing Number: 202325635620 Date: 1/3/2023 2:50:00 PM

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Department of State - Business Services Division

Annual	Report	for the	year:	2015
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Corporation

2023 JAN - 3 PM 2: 45

\rightarrow	Filing	period:	February	1 -	May 1	l

→ Filing Fee: \$50.00

-> Penalty Additional \$25.00 fe		, ,		<u> </u>	·			
1. Entity ID Number 2. Exact name of the Corporation								
0000.20671	RICINDA REALTY, INC.							
3. Principal Office Address			City		State	Zip		
275 PAINE STREET			WARWIC	K	RI	02889		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
531390	TO PURCHASE, MANAGE, AND/OR DEVELOP REAL ESTATE							
State of Incorporation RI						i		
				Obs. I. H	C	instance of the bound		
List ALL officers (names and add President Name	resses)		Vice-President		ne box to ind	icate an attachment		
RICHARD J. CATALDI			CYNTHIA L. CATALDI					
Street Address 275 PAINE STREET			Street Address 275 PAINE STREET					
City WARWICK	State R I	Z _p 02889	City WARW	ICK	State RI	Zip 02889		
Secretary Name RICHARD J.	CATALDI	•	Treasurer Nam	Treasurer Name CYNTHIA L. CATALDI				
Street Address 275 PAINE STREET		Street Address 275 PAINE STREET						
City WARWICK	State RI	Zip 02889	City WARW	ICK	State RI	Žip 02889		
8. List ALL directors (names and ad	dresses)			Check t	he box to ind	icate an attachment		
Director Name RICHARD J. (Director Name					
Street Address 275 PAINE STREET		Street Address						
City WARWICK	State RI	Zip 02889	City		State	Zip		
Director Name CYNTHIA L. CATALDI			Director Name					
Street Address 275 PAINE STREET			Street Address					
Cny WARWICK	State R I	Zip 02889	City		State	Zip		
9. Shares Authorized	l <u></u>	10. Shares Issu	l ed	Check t	t he box to ind	icate an attachment		
This information is currently of recor	d in the	NUMBER OF			CLASSIFRICS PAR VALUE			
Department of State.		200		CNP \$0.00		\$0.00		
Changes require an additional filing.								
11. This report must be executed or					ation is in the	e hands of a receiver or		
trustee, this report must be execute Under penalty of perjury, I declar	e and affirm thi	at I have examine	d this report, i	ncluding any accom	panying sch	edules and		
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date								
RICHARD J. CATALDI				12/20/2022				
Signature of Authorized Representativepocusigned by:								
12 2 C 4 24								
MAIL TO:	747095100	22C44E2.		FILED				

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 0 3 2023

BY ML 820 SG FORM 630 - Revised: 11/2021