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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2015

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JAN -3 PM 2:45

1. Entity ID Number 0000.20671		2. Exact name of the Corporation RICINDA REALTY, INC.	
3. Principal Office Address 275 PAINE STREET		City WARWICK	State RI
		Zip 02889	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island TO PURCHASE, MANAGE, AND/OR DEVELOP REAL ESTATE		
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. CATALDI		Vice-President Name CYNTHIA L. CATALDI	
Street Address 275 PAINE STREET		Street Address 275 PAINE STREET	
City WARWICK	State RI	City WARWICK	State RI
Zip 02889		Zip 02889	
Secretary Name RICHARD J. CATALDI		Treasurer Name CYNTHIA L. CATALDI	
Street Address 275 PAINE STREET		Street Address 275 PAINE STREET	
City WARWICK	State RI	City WARWICK	State RI
Zip 02889		Zip 02889	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name RICHARD J. CATALDI		Director Name	
Street Address 275 PAINE STREET		Street Address	
City WARWICK	State RI	City	State
Zip 02889		Zip	
Director Name CYNTHIA L. CATALDI		Director Name	
Street Address 275 PAINE STREET		Street Address	
City WARWICK	State RI	City	State
Zip 02889		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	CLASSIFIED
		200	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 RICHARD J. CATALDI			Date 12/20/2022
Signature of Authorized Representative DocuSigned by:			

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 03 2023

BY ML 829SG

2:50

FORM 630 - Revised: 11/2021