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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2014
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 000020671		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	Zip 02889	City WARWICK	State RI	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	Zip 02889	City WARWICK	State RI	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	Zip 02889	City	State	Zip
Director Name CYNTHIA L. CATALDI			Director Name		
Street Address 275 PAINE STREET			Street Address		
City WARWICK	State RI	Zip 02889	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		
			C. ASS. SERIES		
			PAR VALUE		
			200		
			CNP		
			\$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 82956 FORM 630 - Revised: 11/2021
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