



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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2023 JAN 10 AM 10:02

1. Entity ID Number 001689219		2. Exact name of the Corporation SKM Title & Closing Services, P.C.												
3. Principal Office Address 378 Page Street, Suite 301			City Stoughton	State MA	Zip 02072									
4. NAICS Code 541191		6. Brief description of the character of business conducted in Rhode Island Real estate title and closing services.												
5. State of Incorporation MA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Alan B. Sharaf			Vice-President Name											
Street Address 112 Salisbury Rd.			Street Address											
City Brookline	State MA	Zip 02445	City	State	Zip									
Secretary Name Michael R. Maloney			Treasurer Name Michael R. Maloney											
Street Address 68 Marshal St., Unit 2			Street Address 68 Marshal St., Unit 2											
City Brookline	State MA	Zip 02446	City Brookline	State MA	Zip 02446									
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	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIALS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>300</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE	300		0			
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300		0												
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. <i>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.</i>														
Name of Authorized Representative Michael R. Maloney				Date 1-6-23										
Signature of Authorized Representative														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JAN 10 2023
BY [Signature] T/W 02
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