



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
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

JAN 31 2023

BY 31653

1. Entity ID Number 70674		2. Exact name of the Corporation Rappoport, DeGiovanni & Caslowitz, Inc.												
3. Principal Office Address 989 Waterman Avenue			City East Providence	State RI	Zip 02914									
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Law												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Stephen M. Rappoport			Vice-President Name None											
Street Address 989 Waterman Avenue			Street Address											
City East Providence	State RI	Zip 02914	City	State	Zip									
Secretary Name Stephen M. Rappoport			Treasurer Name Stephen M. Rappoport											
Street Address 989 Waterman Avenue			Street Address 989 Waterman Avenue											
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>70</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	70	Common	No Par Value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
70	Common	No Par Value												
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 Stephen M. Rappoport				Date 1/17/2023										
Signature of Authorized Representative <i>Stephen M. Rappoport</i>														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov