



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

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BUS SVCS DIV

2023 FEB 10 P 1:17

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FOR  
SECRETARY OF STATE  
UNIT CLERK

1. Entity ID Number <b>94847</b>		2. Exact name of the Corporation <b>Rustic Property Management, Inc.</b>			
3. Principal Office Address <b>195 Quaker Lane</b>			City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO OWN, OPERATE, MANAGE AND DEVELOPMENT OF REAL ESTATE</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Constance C. King</b>			Vice-President Name		
Street Address <b>195 Quaker Lane</b>			Street Address		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip
Secretary Name <b>Constance C. King</b>			Treasurer Name <b>Constance C. King</b>		
Street Address <b>195 Quaker Lane</b>			Street Address <b>195 Quaker Lane</b>		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>NO PAR</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Constance C. King</b>					Date <b>1-23-23</b>
Signature of Authorized Representative <i>Constance C. King</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

FILED

850.00

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1-23-23

FORM 630 - Revised: 11/2021

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