



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 **STAMP**
FEB 14 2023
 BY 7715

| | | | | | |
|--|--------------------|---|---|---------------------------|---------------------|
| 1. Entity ID Number 97198 | | 2. Exact name of the Corporation REAL ESTATE MASTERS, INC. | | | |
| 3. Principal Office Address 1313 JEFFERSON BOULEVARD | | | City WARWICK | State RI | Zip 02886 |
| 4. NAICS Code 531110 | | 6. Brief description of the character of business conducted in Rhode Island TO CONDUCT A GENERAL BROKERAGE AGENCY AND COMMISSION BUSINESS | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name GAYLE M. MOONE | | | Vice-President Name RICHARD E. MOONE | | |
| Street Address 29 JOB DRIVE | | | Street Address 29 JOB DRIVE | | |
| City WEST KINGSTON | State RI | Zip 02892 | City WEST KINGSTON | State RI | Zip 02892 |
| Secretary Name BRIAN DUPONT | | | Treasurer Name BRIAN DUPONT | | |
| Street Address 52 PLEASANT VIEW DRIVE | | | Street Address 52 PLEASANT VIEW DRIVE | | |
| City WARWICK | State RI | Zip 02888 | City WARWICK | State RI | Zip 02888 |
| 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 | | | 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 | CLASS-SERIFS | PAR VALUE |
| | | | 999 | COMMON | NO PAR |
| 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 GAYLE M. MOONE | | | | Date 02/06/2023 | |
| Signature of Authorized Representative | | | | | |

MAIL TO
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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