



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

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DS

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 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"/>		
			NUMBER OF SHARES CLASS-SERIES 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 <i>Gayle M. Moone</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

FORM 630 - Revised: 11/2021