



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

MAR 08 2023

BY

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1. Entity ID Number 86090		2. Exact name of the Corporation R&F REALTY, INC.			
3. Principal Office Address 83 DOUGLAS PIKE			City NORTH SMITHFIELD	State RI	Zip 02896
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, MORTGAGE, DEAL IN, DEVELOP, LEASE, RENT AND MANAGE REAL ESTATE			
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 FRANCIS E. WILLIAMS			Vice-President Name FRANCIS E. WILLIAMS		
Street Address 83 DOUGLAS PIKE			Street Address 83 DOUGLAS PIKE		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name FRANCIS E. WILLIAMS			Treasurer Name FRANCIS E. WILLIAMS		
Street Address 83 DOUGLAS PIKE			Street Address 83 DOUGLAS PIKE		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FRANCIS E. WILLIAMS			Director Name		
Street Address 83 DOUGLAS PIKE			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	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/SERIES		
			PAR VALUE		
			50	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 FRANCIS E. WILLIAMS					Date ✓ 1-27-2023
Signature of Authorized Representative ✓ Francis E. Williams					

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