



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
MAR 14 2023
BY 1822
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1. Entity ID Number 161198		2. Exact name of the Corporation REALTY PROMOTION AND EVENTS CORP.			
3. Principal Office Address 1417 DOUGLAS AVENUE			City NO. PROVIDENCE	State RI	Zip 02904
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE PROMOTIONAL EVENTS AND SERVICES RELATED TO THE REAL ESTATE INDUSTRY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD P ZOMPA			Vice-President Name SAME		
Street Address 1417 DOUGLAS AVENUE			Street Address		
City NO PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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		PAR VALUE
			100	COMMON	\$0.01
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 RICHARD P ZOMPA				Date 3/10/23	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov