3/22/2023 4:00:00 PM

RI SOS Filing N	Number: 2023	31464410	Date: 3	
State of Rhode Island Department of Sta	ite - Busines	s Services [	Division	
Annual Report for the ye Corporation  → Filing period: February 1 -	2023		_	
→ Filing Fee: \$50,00 → Penalty: Additional \$25,00 fe	•	ed by May 31.		
1. Entity ID Number 13163	2. Exact name of SPACE RI			
Principal Office Address     Reservoir Avenue			City Crans	
4. NAICS Code 531110	6. Brief description of the character of busing Real estate holdings and any o			
5. State of Incorporation Rhode Island		-	·	
7. List ALL officers (names and add	fresses)			
President Name Kathleen G. Di Muro				
Street Address 916 Reservoir Avenue				
<sup>City</sup> Cranston	State RI	<sup>Z<sub>rp</sub></sup> 02910	City Cra	
Secretary Name Kathleen G. Di	Muro		Treasurer	
Street Address 916 Reservoir Avenue				

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3. Principal Office Address	<u> </u>		City		State	Zip	
916 Reservoir Avenue			Cranstor	1	RI	02910	
4. NAICS Code	6. Brief desc	ription of the charac	ter of business	conducted in Rhode Is	sland		
531110		Real estate holdings and any other lawful business.					
5. State of Incorporation	1 11001 031	ate notalings an	o any omer	idatini nasiliess.			
Rhode Island							
7. List ALL officers (names and ad-	resses)			Check 1	the box to in	ndicate an attachment	
President Name Kathleen G. Di Muro		Vice-President Name Kathleen G. Di Muro					
Street Address 916 Reservoir Avenue			Street Address 916 Reservoir Avenue				
<sup>City</sup> Cranston	State RI	<sup>Zrp</sup> 02910			State RI	<sup>Zip</sup> 02910	
Secretary Name Kathleen G. Di Muro		Treasurer Name Kathleen G. Di Muro					
Street Address 916 Reservoir Avenue		Street Address 916 Reservoir Avenue					
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02910	City Cranston		State RI	<sup>Zip</sup> 02910	
8. List ALL directors (names and ac	1					ndicate an attachment	
Director Name Kathleen G. Di		<u> </u>	Director Name		ine box to ii	ioloate an attachment 🔲	
Street Address 916 Reservoir Avenue		Street Address					
City Cranston	State RI	<sup>Zip</sup> 02910	City	· ·	State	Zip	
Director Name			Director Name	2	1		
Street Address		Street Address					
City	State	Zip	City	<del>-</del>	State	Zip	
Q. Chama Authorized		10.0			<u> </u>		
9. Shares Authorized 10. This Information is currently of record in the		10. Shares Issu NUMBER OF	Shares Issued Check the box to indicate an attachment [ NUMBER OF SHARES CLASSISERIES PAR VALUE				
Department of State.		100		Common		No Par Value	
Changes require an additional filing.							
11. This report must be executed or	n behalf of the	corporation by an a	uthorized repres	sentative. If the corpor	ation is in th	ne hands of a receiver or	
<u>trustee, this report must be execute</u>	d on behalf of	the corporation by the	he receiver or tr	ustee.			
Under penalty of perjury, I declar statements, and that all statemen	its contained	nat i nave examine herein are true and	ia unis report, il il correct.	ncluding any accom	panying sc	nedules and	
Name of Authorized Representative	)				Date	1 1 - 4	
Kathleen G. Di Muro	<u> </u>		A FILET	201	2	1, 123	
Signature of Authorized Representa	TIVE.	γ	<i>5,</i> 1	$\mathcal{N}$	7	1	
		<u> </u>	MAR 2 2	<del>2023</del>			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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