State of Rhode Island Department of Sta		s Services [Division	·· ···· ·			
Annual Report for the year: 2023 Corporation			_	F" ⊂D			
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 			APR 1 5 2023 BY 1032				
1. Entity ID Number	2. Exact name of the Corporation						
001726027	MATEO REALTY INC						
Principal Office Address 162 BROAD STREET			City PAWTUC	CKET	State RI	Zip 02860	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531310	RENTAL PROPERTIES						
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names and addresses)					Check the box to indicate an attachment		
President Name PEDRO MATEO			Vice-President Name YOXANDERI MATEO				
Street Address 33 SWEET BRIAR AVENUE			Street Address 33 SWEET BRIAR AVENUE				
^{City} RIVERSIDE	State RI	^{Z_{ip}} 02915	City RIVER		State RI	^z p02915	
Secretary Name EMELY MATEO			Treasurer Name ROMELIN MATEO				
1-3 FALES STREET FL 2			Street Address 33 SWEET BRIAR AVENUE				
^{City} CENTRAL FALLS	State RI	^{Žip} 02863	City CENT	City CENTRAL FALLS State RI		^{Z-p} 02863	
8. List ALL directors (names and addresses) Director Name VOCELIALANATEO				Check the box to indicate an attachment Director Name			
YOSELIN MATEO							
Street Address 33 SWEET BRIAR AVENUE			Street Address				
City RIVERSIDE	State RI	^{Zip} 02915	City		State	Ζιρ	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
. Shares Authorized			Shares Issued Che		ck the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		500		CNA CNA			
 This report must be executed or trustee, this report must be execute 	n behalf of the co	rporation by an a	uthorized repres	sentative. If the corporustee.	oration is in t	the hands of a receiver or	
Under penalty of perjury, I declar statements, and that all statements	re and affirm tha nts contained he	t i have examine	ed this report, i	ncluding any accor	npanying s	chedules and	
Name of Authorized Representative PEDRO MATEO					Date /3 - 2 ソー 2 3		
Signature of Authorized Represent	ative				100		

RI SOS Filing Number: 202333417540 Date: 4/19/2023 4:00:00 PM

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov