



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

MAY 03 2023 1P

BY

9924 DS

1. Entity ID Number 000011191		2. Exact name of the Corporation Ralph Shuster, Inc.												
3. Principal Office Address 150 Chestnut Street			City Providence	State RI	Zip 02903									
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Dealers and Brokers												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name David Malkin			Vice-President Name											
Street Address 150 Chestnut Street			Street Address											
City Providence	State RI	Zip 02903	City	State	Zip									
Secretary Name David Malkin			Treasurer Name David Malkin											
Street Address 150 Chestnut Street			Street Address 150 Chestnut Street											
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name David Malkin			Director Name											
Street Address 150 Chestnut Street			Street Address											
City Providence	State RI	Zip 02903	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>Common</td> <td>1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	Common	1.00			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
500	Common	1.00												
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 David Malkin - President					Date 5/27/23									
Signature of Authorized Representative 														

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov