



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 MAY 30 AM 11:21

| | | | | | |
|---|-------------|---|--|-----------------|--------------|
| 1. Entity ID Number 000074740 | | 2. Exact name of the Corporation 226 South Main Street Title Holding Company, INC. | | | |
| 3. Principal Office Address 410 South Main Street | | | City Providence | State RI | Zip 02903 |
| 4. NAICS Code 531120 | | 6. Brief description of the character of business conducted in Rhode Island To hold title and deal with certain real estate located at 226 South Main Street, Providence, RI 02903 | | | |
| 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 Ronald Coia | | | Vice-President Name Vicki A. Virgilio | | |
| Street Address 47 Carriage Way | | | Street Address 690 Pontiac Avenue | | |
| City N. Providence | State RI | Zip 02904 | City Cranston | State RI | Zip 02910 |
| Secretary Name Vicki A. Virgilio | | | Treasurer Name Timothy Walsh | | |
| Street Address 690 Pontiac Avenue | | | Street Address 20 Fieldstone Drive | | |
| City Cranston | State RI | Zip 02910 | City Coventry | State RI | Zip 02816 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Ronald Coia | | | Director Name Vicki A. Virgilio | | |
| Street Address 47 Carriage Way | | | Street Address 690 Pontiac Avenue | | |
| City N. Providence | State RI | Zip 02904 | City Cranston | State RI | Zip 02910 |
| Director Name Timothy Walsh | | | Director Name | | |
| Street Address 20 Fieldstone Drive | | | Street Address | | |
| City Coventry | State RI | Zip 02816 | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 200 | Common | No Par Value | |
| | | | | | |
| 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 <i>Ronald R. Coia</i> Ronald R. Coia | | | | Date 5/30/23 | |
| Signature of Authorized Representative | | | | | |

FILED

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

MAY 30 2023
 BY ML 5374