

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.

1. Entity ID Number 158554		2. Exact name of the Corporation COLLEGIATE PROPERTIES INC.			
3. Principal Office Address 120 NORTH RIVER DR.		City NARRAGANSETT	State R.I.	Zip 02882	
4. NAICS Code 531120		6. Brief descriptor of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARGUERITE M. SALVATORE		Vice President Name ANTONIO SALVATORE JR.			
Street Address 120 NORTH RIVER DR.		Street Address SAME			
City NARRAGANSETT	State R.I.	Zip 02882	City	State	Zip
Secretary Name JULIAN L. SALVATORE		Treasurer Name MARGUERITE M. SALVATORE			
Street Address SAME		Street Address SAME			
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		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.		NUMBER OF SHARES		CLASS/CLASSIES	
Changes require an additional filing.		500	STK	0.0100	
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 MARGUERITE M. SALVATORE				Date 6-1-2023	
Signature of Authorized Representative <i>M. Salvatore</i>					

JUN 20 2023
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MAIL TO:
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 Website: www.sos.ri.gov