

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.			

JUN 20 2023
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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. Changes require an additional filing.	NUMBER OF SHARES	CLASS/STYLES	PAR VALUE
	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>	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 272-3040
 Website: www.sos RI.gov