



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:  
Corporation

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 JUN 30 A.M. 28

1. Entity ID Number 001658714		2. Exact name of the Corporation R1 INVESTMENT GROUP INC			
3. Principal Office Address 4 WLLYER ST		City PROVIDENCE		State RI	Zip 02904
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name KEITH FERNANDES			Vice-President Name		
Street Address 4 WLLYER ST			Street Address		
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			1000.00		
			CNP		
			0.00.		
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. <b>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.</b>					
Name of Authorized Representative KEITH FERNANDES					Date 6/30/23
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 30 2023  
FILED  
BY [Signature] VM.2xK  
11:28

FORM 630 - Revised: 11/2021