



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2022

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 20638		2. Exact name of the Corporation Richmond & Nichols, Inc			
3. Principal Office Address 1089 Main St			City Hope Valley	State RI	Zip 02832
4. NAICS Code 99999 ^a		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE AND INSURANCE SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Panciera			Vice-President Name Joyce Panciera		
Street Address 20 Browning Rd			Street Address 20 Browning Rd		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name			Treasurer Name		
Street Address			Street Address		
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 Richard Panciera			Director Name Joyce Panciera		
Street Address 20 Browning Rd			Street Address 20 Browning Rd		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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/SFRIELS	PAR VALUE
		7,500		PWP	\$10
		300		CNP	0
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 Joyce Panciera					Date 11/20/23
Signature of Authorized Representative <i>Joyce Panciera</i>					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

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BY *J. J. M. 3*
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