36

## State of Rhode Island

## **Department of State - Business Services Division**

FILED

Annual Report for the year: Corporation  → Filing period: February 1 -		<del></del>	JAN <b>26</b> 2024				
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.			5Y				
1. Entity ID Number	2. Exact name of					<del>-                                    </del>	
001685860		alty Manage	ment, Inc.				
3. Principal Office Address	-		City		State	Zip	
Bourget Court			North S	Smithfield RI 02896			
4. NAICS Code	6. Brief description	on of the character	of business conducted in Rhode Island				
53 \ \ \ \ \	Real Estate Management						
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and ad	dresses)		· -	Check the	box to indicat	le an attachment 🗖	
President Name Wayne Beauchamp			Vice-President Name Keith Beauchamp				
Street Address 4 Bourget Court			Street Address 46 Angell Road				
City North Smithfield	State RI	<sup>Zıp</sup> 02896	City Narr	Narragansett		Zip 02882	
Secretary Name	<u> </u>	<u> </u>	Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and a	ddresses)	<u> </u>	<u> </u>	Check the	box to indicat	te an attachment	
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	Žip	
9. Shares Authorized	1	10. Shares Issue	l d	Check the	e box to indica	ate an attachment	
This information is currently of record in the		NUMBER OF SHARES			LASS/SERIES PAR VALUE		
Department of State. Changes require an additional filing.		1000		CNP	0	)	
						<del> </del>	
11. This report must be executed of					rporation is in	the hands of a re-	
ceiver or trustee, this report must Under penalty of perjury, I decla					ompanying s	chedules and	
statements, and that all stateme	ents contained he			.,			
Name of Authorized Representative				Date			
Wayne Beauchamp				January 23, 2024			
Signature of Authorized Represen	ative PUIChan	nD			-		
MAIL TO:		//				<del> </del>	

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

Website: www.sos.ri.gov