



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

JAN 31 2024
 BY [Signature]
OS

- 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 536383		2. Exact name of the Corporation Suburban Renewal, Inc.			
3. Principal Office Address 470 Old Baptist Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Building, refurbishing, and construction generally acting as a General Manager.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeremy Sherer			Vice-President Name Nicholas G. Vanasse		
Street Address 470 Old Baptist Road			Street Address 470 Old Baptist Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Jeremy Sherer			Treasurer Name Jeremy Sherer		
Street Address 470 Old Baptist Road			Street Address 470 Old Baptist Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jeremy Sherer			Director Name Nicholas G. Vanasse		
Street Address 470 Old Baptist Road			Street Address 470 Old Baptist Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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		PAR VALUE
			CLASS/SERIES		
			2,000	Common	\$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 Jeremy Sherer				Date 1/23/2024	
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:
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 Website: www.sos.ri.gov