

FILED



State of Rhode Island
Department of State - Business Services Division

FEB 08 2024

BY 021008
DS

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|---|--|
| 1. Entity ID Number <u>000061635</u> | 2. Exact name of the Corporation <u>Maximum Return Inc.</u> |
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|--|------------------------|--------------------|---------------------|
| 3. Principal Office Address <u>55 Memorial Blvd</u> | City <u>Newport</u> | State <u>RI</u> | Zip <u>02840</u> |
|--|------------------------|--------------------|---------------------|

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|--------------------------------|--|
| 4. NAICS Code <u>531210</u> | 6. Brief description of the character of business conducted in Rhode Island <u>Real Estate Sale</u> |
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| 5. State of Incorporation <u>RI</u> |
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

| | | | | | |
|---|--------------------|---------------------|---|--------------------|---------------------|
| President Name <u>Bruce D. Allen</u> | | | Vice-President Name <u>Joseph Rose</u> | | |
| Street Address <u>36 Ferry Landing Dr.</u> | | | Street Address <u>3702 N HWY 1A Apt 201</u> | | |
| City <u>Portsmouth</u> | State <u>RI</u> | Zip <u>02871</u> | City <u>Fort Pierce</u> | State <u>FL</u> | Zip <u>34949</u> |
| Secretary Name <u>Hilary Brooke Marshall</u> | | | Treasurer Name <u>Hilary Brooke Marshall</u> | | |
| Street Address <u>77 Bliss Rd</u> | | | Street Address <u>77 Bliss Rd</u> | | |
| City <u>Newport</u> | State <u>RI</u> | Zip <u>02840</u> | City <u>Newport</u> | State <u>RI</u> | Zip <u>02840</u> |

8. List ALL directors (names and addresses) Check the box to indicate 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 | Zip |

9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment

| | | | |
|--|------------------|--------------|-----------|
| This information is currently of record in the Department of State. Changes require an additional filing. | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | <u>400</u> | | <u>0</u> |
| | | | |

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.

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|---|-----------------------|
| Name of Authorized Representative <u>Joseph Rose</u> | Date <u>2/6/24</u> |
|---|-----------------------|

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|--|
| Signature of Authorized Representative |
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov