State of Rhode Island
Department of State - Business Services Division

FILED
FEB 20 2024
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
000013883	Executive Investments, Inc.

3. Principal Office Address	City	State	Zip
28 Caswell Street, Ste 200	Narragansett	RI	02882

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	Real estate
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Joseph G. Formicola, Jr.	Joseph G. Formicola, Jr.
Street Address: 28 Caswell Street, Ste 200	Street Address: 28 Caswell Street, Ste 200
City: Narragansett, State: RI, Zip: 02882	City: Narragansett, State: RI, Zip: 02882
Secretary Name	**Treasurer Name**
Joseph G. Formicola, Jr.	Joseph G. Formicola, Jr.
Street Address: 28 Caswell Street, Ste 200	Street Address: 28 Caswell Street, Ste 200
City: Narragansett, State: RI, Zip: 02882	City: Narragansett, State: RI, Zip: 02882

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Joseph G. Formicola, Jr.	None
Street Address: 28 Caswell Street, Ste 200	Street Address:
City: Narragansett, State: RI, Zip: 02882	City: , State: , Zip:
Director Name	**Director Name**
None	None
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200	common	no par value

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	Date
Joseph G. Formicola, Jr.	2-14-24

Signature of Authorized Representative
✓ Joseph G Formicola Jr

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

FORM 630- Revised: 12/2023