



**State of Rhode Island
Department of State - Business Services Division**

FILED

FEB 22 2024

BY 10157

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 000011191		2. Exact name of the Corporation Ralph Shuster, Inc.			
3. Principal Office Address 150 Chestnut Street			City Providence	State RI	Zip 02903
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Dealers and Brokers			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Malkin			Vice-President Name		
Street Address 150 Chestnut Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name David Malkin			Treasurer Name David Malkin		
Street Address 150 Chestnut Street			Street Address 150 Chestnut Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Malkin			Director Name		
Street Address 150 Chestnut Street			Street Address		
City Providence	State RI	Zip 02903	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500	Common	No Par	
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 David Malkin					Date 1/30/24
Signature of Authorized Representative 					

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