



State of Rhode Island

Department of State - Business Services Division

FILED

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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BY 1746
DS

1. Entity ID Number 000127178		2. Exact name of the Corporation Salvadore Auctions & Appraisals, Inc.			
3. Principal Office Address 750 BOSTON NECK ROAD SUITE 14		City Narragansett		State RI	Zip 02882
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island PERFORM AUCTION AND APPRAISAL RELATED SERVICES			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael A. Salvadore, Jr.			Vice-President Name Michael A. Salvadore, Jr.		
Street Address 750 BOSTON NECK ROAD SUITE 14			Street Address 750 BOSTON NECK ROAD SUITE 14		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Michael A. Salvadore, Jr.			Treasurer Name Tracey Salvadore		
Street Address 750 BOSTON NECK ROAD SUITE 14			Street Address 750 BOSTON NECK ROAD SUITE 14		
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 Michael A. Salvadore, Jr.			Director Name Tracey Salvadore		
Street Address 750 BOSTON NECK ROAD SUITE 14			Street Address 750 BOSTON NECK ROAD SUITE 14		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment ☐			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1,000		STK		\$0.0000	
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 Michael A. Salvadore, Jr.				Date 15 FEBRUARY 2024	
Signature of Authorized Representative 					

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: 2/2023