



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FILED STAMP

MAR 05 2024

BY 393 DS

- 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 94847		2. Exact name of the Corporation Rustic Property Management, Inc.			
3. Principal Office Address 195 Quaker Lane			City North Scituate	State RI	Zip 02857
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island TO OWN OPERATE, MANAGE AND DEVELOPMENT OF REAL ESTATE.			
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 Constance C. King			Vice-President Name		
Street Address 195 Quaker Lane			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Constance C. King			Treasurer Name Constance C. King		
Street Address 195 Quaker Lane			Street Address 195 Quaker Lane		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				PAR VALUE	
				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 Constance C. King				Date 2-3-24	
Signature of Authorized Representative <i>Constance C. King</i>					

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

\$50.00 - 2/6/24
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