RI SOS Filing Number: 202448298320 Date: 3/7/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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.

FILED
MAR 07 2024
BY 1648

1. Entity ID Number	2. Exact name of the Corporation			
941651	Macari Properties Inc.			
3. Principal Office Address		City	State	Zip
30 Martin Street, Suite 3C		Cumberland	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	Real estate management and any other lawful business activity.			
5. State of Incorporation				
Rhode Island				

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

President Name: Jason P. Macari			Vice-President Name: Jason P. Macari		
Street Address: 3100 Diamond Hill Road			Street Address: 3100 Diamond Hill Road		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Secretary Name: Jason P. Macari			Treasurer Name: Jason P. Macari		
Street Address: 3100 Diamond Hill Road			Street Address: 3100 Diamond Hill Road		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

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

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
2,000	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
Jason P. Macari	3/1/24

Signature of Authorized Representative

X

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