RI SOS Filing Number: 202448307310 Date: 3/8/2024 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.

STAMP

1. Entity ID Number	2. Exact name of the Corporation			
799107	Real Estate Institute of Rhode Island, Inc.			
3. Principal Office Address: 980 Reservoir Avenue	City: Cranston	State: RI	Zip: 02910	
4. NAICS Code: 611519	6. Brief description of the character of business conducted in Rhode Island: The instruction of future real estate salespersons and any other lawful business.			
5. State of Incorporation: Rhode Island				

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

President Name: Robert A. Scaralia	Street Address: 980 Reservoir Avenue	City: Cranston	State: RI / Zip: 02910
Vice-President Name: Robert A. Scaralia	Street Address: 980 Reservoir Avenue	City: Cranston	State: RI / Zip: 02910
Secretary Name: Robert A. Scaralia	Street Address: 980 Reservoir Avenue	City: Cranston	State: RI / Zip: 02910
Treasurer Name: Robert A. Scaralia	Street Address: 980 Reservoir Avenue	City: Cranston	State: RI / Zip: 02910

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

Director Name: Robert A. Scaralia	Street Address: 980 Reservoir Avenue	City: Cranston	State: RI / Zip: 02910
Director Name	Street Address	City	State / Zip
Director Name	Street Address	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. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	Common	0.01

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: Robert A. Scaralia — Date: 2/12/24

Signature of Authorized Representative

FILED

MAR 08 2024
BY ML 1002

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: 11/2021