



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 799107		2. Exact name of the Corporation 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 <input type="checkbox"/>					
President Name Robert A. Scaralia			Vice-President Name Robert A. Scaralia		
Street Address 980 Reservoir Avenue			Street Address 980 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Robert A. Scaralia			Treasurer Name Robert A. Scaralia		
Street Address 980 Reservoir Avenue			Street Address 980 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert A. Scaralia			Director Name		
Street Address 980 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02910	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	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

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

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