



**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 13 2024
BY: *[Signature]*

1. Entity ID Number 158554	2. Exact name of the Corporation Collegiate Properties Inc
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3. Principal Office Address 122 North River Dr.	City Narragansett	State RI	Zip 02882
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4. NAICS Code 531120	6. Brief description of the character of business conducted in Rhode Island Real Estate Management
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5. State of Incorporation RI	
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Marguerite M. Salvatore			Vice-President Name Antoni Salvatore Jr		
Street Address 122 North River Dr			Street Address same		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Julian L Salvatore			Treasurer Name Marguerite M. Salvatore		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip

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 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.	<small>NUMBER OF SHARES</small>		<small>CLASS/SERIES</small>		<small>PAR VALUE</small>
	500	stk	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 Marguerite M. Salvatore	Date 3-11-2024
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Signature of Authorized Representative <i>[Signature]</i>
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