



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 <b>158554</b>		2. Exact name of the Corporation <b>Collegiate Properties Inc</b>			
3. Principal Office Address <b>122 North River Dr.</b>			City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
4. NAICS Code <b>531120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Real Estate Management</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Marguerite M. Salvatore</b>			Vice-President Name <b>Antoni Salvatore Jr</b>		
Street Address <b>122 North River Dr</b>			Street Address <b>same</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
Secretary Name <b>Julian L Salvatore</b>			Treasurer Name <b>Marguerite M. Salvatore</b>		
Street Address <b>same</b>			Street Address <b>same</b>		
City	State	Zip	City	State	Zip
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>500</b>	<b>stk</b>	<b>0.01</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Marguerite M. Salvatore</b>				Date <b>3-11-2024</b>	
Signature of Authorized Representative 					

MAIL TO  
Division of Business Services  
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Website: www.sos.ri.gov