



**State of Rhode Island
Department of State - Business Services Division**

FILED

MAR 19 2024

BY 6645

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.

1. Entity ID Number 00062703		2. Exact name of the Corporation Management Concepts Inc.			
3. Principal Office Address 2167 S Tamiami Trail			City Osprey	State FL	Zip 34229
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island Real Estate Property Management			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph R. Gianino			Vice-President Name N/A		
Street Address 4001 Crockers Lake Blvd Unit 1024			Street Address N/A		
City Sarasota	State FL	Zip 34238	City N/A	State N/A	Zip N/A
Secretary Name N/A			Treasurer Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
Director Name N/A			Director Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
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	PAR VALUE	
		None	None	None	
		None	None	None	
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 Josepg R. Gianino				Date 03/11/2024	
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov