

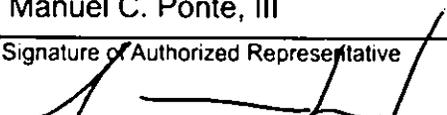


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation _____

FILED
MAR 20 2024
BY Z1153

- 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 10702		2. Exact name of the Corporation IRVING SHECHTMAN & CO.			
3. Principal Office Address 250 Cowesett Avenue, Suite 2			City West Warwick	State RI	Zip 02893
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island General Real Estate			
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 Manuel C. Ponte, III			Vice-President Name Dean M. Ponte		
Street Address 250 Cowesett Avenue, Ste 2			Street Address 250 Cowesett Avenue, Ste 2		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Dean M. Ponte			Treasurer Name Manuel C. Ponte, III		
Street Address 250 Cowesett Avenue, Ste 2			Street Address 250 Cowesett Avenue, Ste 2		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Manuel C. Ponte, III			Director Name Dean M. Ponte		
Street Address 250 Cowesett Avenue, Ste 2			Street Address 250 Cowesett Avenue, Ste 2		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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
			PAR VALUE		
			400	common	no par
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 Manuel C. Ponte, III					Date 2/6/24
Signature of Authorized Representative 					

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