



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

Annual Report for the year: 2024
Corporation _____

FILED STAMP

MAR 27 2024
BY *2432 OS*

- 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 97049	2. Exact name of the Corporation SBAM REALTY CORP
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3. Principal Office Address 1224 NARRAGANSETT BOULEVARD	City CRANSTON	State RI	Zip 02905
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4. NAICS Code 531210	6. Brief description of the character of business conducted in Rhode Island Ownership and operating a real estate brokerage and listing business; the sale, rental and management of 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 SALVATORE B. MOIO		Vice-President Name SALVATORE B. MOIO	
Street Address 1224 NARRAGANSETT BOULEVARD		Street Address 1224 NARRAGANSETT BOULEVARD	
City CRANSTON	State RI	Zip 02905	City CRANSTON
Secretary Name SALVATORE B. MOIO		Treasurer Name SALVATORE B. MOIO	
Street Address 1224 NARRAGANSETT BOULEVARD		Street Address 1224 NARRAGANSETT BOULEVARD	
City CRANSTON	State RI	Zip 02905	City CRANSTON

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name SALVATORE B. MOIO		Director Name	
Street Address 1224 NARRAGANSETT BOULEVARD		Street Address	
City CRANSTON	State RI	Zip 02905	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NUMBER OF SHARES</th> <th style="width: 40%;">CLASS/SERIES</th> <th style="width: 30%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">COMMON NO PAR</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON NO PAR				
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100	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 SALVATORE B. MOIO <i>[Signature]</i>	Date 3/22/24
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Signature of Authorized Representative <i>[Signature]</i>
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov