

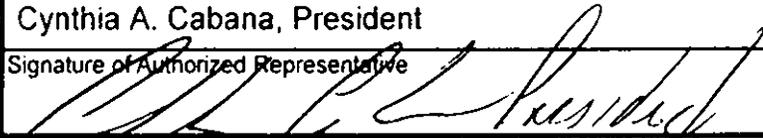


State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSD
24 APR 11 PM 3:02:48

1. Entity ID Number 001755757		2. Exact name of the Corporation Cynthia Cabana Realty, Inc.			
3. Principal Office Address 2576 Maple Swamp Road		City North Dighton		State MA	Zip 02764
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island Real estate brokerage			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cynthia A. Cabana			Vice-President Name Paul H. Cabana		
Street Address 2576 Maple Swamp Road			Street Address 2576 Maple Swamp Road		
City North Dighton	State MA	Zip 02764	City North Dighton	State MA	Zip 02764
Secretary Name Cynthia A. Cabana			Treasurer Name Cynthia A. Cabana		
Street Address 2576 Maple Swamp Road			Street Address 2576 Maple Swamp Road		
City North Dighton	State MA	Zip 02764	City North Dighton	State MA	Zip 02764
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 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
		200		Common	\$.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 Cynthia A. Cabana, President					Date 3/30/2024
Signature of Authorized Representative 					

FILED

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

APR 11 2024
BY 10576 AA ORM 630 Revised 12/2023