



**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 MAY 7 PM 1:06:08

1. Entity ID Number <b>000052828</b>		2. Exact name of the Corporation <b>RVS ASSOCIATES, INC.</b>			
3. Principal Office Address <b>356 CHARLES STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	
4. NAICS Code <b>5311110</b>	6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE HOLDING</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>RICHARD V. SHAPPY</b>			Vice-President Name <b>NONE</b>		
Street Address <b>365 CHARLES STREET</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name <b>RICHARD V. SHAPPY</b>			Treasurer Name <b>RICHARD V. SHAPPY</b>		
Street Address <b>365 CHARLES STREET</b>			Street Address <b>365 CHARLES STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>RICHARD V. SHAPPY</b>			Director Name		
Street Address <b>365 CHARLES STREET</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. <i>Changes require an additional filing.</i>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	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. <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>RICHARD V. SHAPPY</b>				Date <b>3/1/24</b>	
Signature of Authorized Representative 					

**FILED**

**MAY 07 2024  
BY 13388**

**AA**

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov