



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 000052828		2. Exact name of the Corporation RVS ASSOCIATES, INC.	
3. Principal Office Address 356 CHARLES STREET		City PROVIDENCE	State RI
		Zip 02904	
4. NAICS Code 5311110	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING		
5. State of Incorporation RI			
7. List ALL officers (names and addresses)			
President Name RICHARD V. SHAPPY		Check the box to indicate an attachment <input type="checkbox"/>	
Street Address 365 CHARLES STREET		Vice-President Name NONE	
City PROVIDENCE	State RI	Zip 02904	
Secretary Name RICHARD V. SHAPPY		Treasurer Name RICHARD V. SHAPPY	
Street Address 365 CHARLES STREET		Street Address 365 CHARLES STREET	
City PROVIDENCE	State RI	Zip 02904	
8. List ALL directors (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
Director Name RICHARD V. SHAPPY		Director Name	
Street Address 365 CHARLES STREET		Street Address	
City PROVIDENCE	State RI	Zip 02904	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued	
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 1,000	CLASS/SERIES COMMON
		PAR VALUE 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 RICHARD V. SHAPPY		Date 3/1/24	
Signature of Authorized Representative 		FILED MAY 07 2024 BY 13388	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov