

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

FILED

MAY 14 2024

BY 2552

1. Entity ID Number 000045191		2. Exact name of the Corporation SYLVESTRE REALTY, INC.			
3. Principal Office Address 1308 ATWOOD AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RI		REAL ESTATE MANAGEMENT			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NORMAN R. SYLVESTRE			Vice-President Name JUDITH M. SYLVESTRE		
Street Address 2518 SAFFRON LANE			Street Address 2518 SAFFRON LANE		
City THE VILLAGES	State FL	Zip 32162	City THE VILLAGES	State FL	Zip 32162
Secretary Name NORMAN R. SYLVESTRE			Treasurer Name JUDITH M. SYLVESTRE		
Street Address 2518 SAFFRON LANE			Street Address 2518 SAFFRON LANE		
City THE VILLAGES	State FL	Zip 32162	City THE VILLAGES	State FL	Zip 32162
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	0
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 <i>Norman R. Sylvestre</i>					Date 5/9/24
Signature of Authorized Representative NORMAN R. SYLVESTRE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov