



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 29 PM 2:03:37

1. Entity ID Number 001713669		2. Exact name of the Corporation Arnold Real Estate Group, Corp.			
3. Principal Office Address 116 Orange Street			City Providence	State RI	Zip 02903
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island own 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 Cherry Arnold			Vice-President Name Peter Goldberg		
Street Address PO Box 301			Street Address PO Box 301		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name Cherry Arnold			Treasurer Name Cherry Arnold		
Street Address PO Box 301			Street Address PO Box 301		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Cherry Arnold			Director Name		
Street Address PO Box 301			Street Address		
City Little Compton	State RI	Zip 02837	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 1,000	CLASS/SERIES CNP	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 Cherry Arnold				Date 5/11/24	
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

MAY 29 2024

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FORM 630- Revised: 12/2023