



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.

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24 MAY 31 PM 1:12:20

1. Entity ID Number 001717650	2. Exact name of the Corporation SCHIFFMANSELLS, INC.
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3. Principal Office Address 140 WICKENDEN STREET	City PROVIDENCE	State RI	Zip 02903
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4. NAICS Code 531210	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE SALES AND BROKERAGE, AND ANY OTHER LAWFUL PURPOSE
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 GERALDINE H. SCHIFFMAN			Vice-President Name GERALDINE H. SCHIFFMAN		
Street Address 140 WICKENDEN STREET			Street Address 140 WICKENDEN STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name GERALDINE H. SCHIFFMAN			Treasurer Name GERALDINE H. SCHIFFMAN		
Street Address 140 WICKENDEN STREET			Street Address 140 WICKENDEN STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903

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 <small>This information is currently of record in the Department of State.</small>	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1,000	COMMON	\$0.01

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 GERALDINE H. SCHIFFMAN	Date 5/20/2024
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Signature of Authorized Representative <i>Geraldine H. Schiffman</i>	FILED 346 MAY 31 2024 BY <u>12260</u>
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov