



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 3:46:24

24 MAY 31 PM 1:12:20

1. Entity ID Number 001717650		2. Exact name of the Corporation SCHIFFMANSELLS, INC.			
3. Principal Office Address 140 WICKENDEN STREET		City PROVIDENCE		State RI	Zip 02903
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.  Changes require an additional filing.		10. Shares Issued		PAR VALUE	
		NUMBER OF SHARES	CLASS/SERIES		
		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. <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 GERALDINE H. SCHIFFMAN			Date 5/20/2024		
Signature of Authorized Representative 			MAY 31 2024		

BY 12260

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023