



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

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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1. Entity ID Number 000052828		2. Exact name of the Corporation RVS ASSOCIATES, INC.	
3. Principal Office Address 365 CHARLES STREET		City PROVIDENCE	State RI
		Zip 02909	
4. NAICS Code 511110	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) Check the box to indicate an attachment ☐			
President Name RICHARD V. SHAPPY		Vice-President Name NONE	
Street Address 365 CHARLES STREET		Street Address	
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 ☐			
Director Name RICHARD V. SHAPPY		Director Name	
Street Address 365 SHARLES STREET		Street Address	
City PROVIDENCE	State RI	Zip 02904	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES	CLASS/SERIES
		1,000	COMMON
			NO PAR
Changes require an additional filing.			
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 1/28/25
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

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