State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation		
000052828	RVS ASSOCIATES, INC.		
3. Principal Office Address	City	State	Zip
365 CHARLES STREET	PROVIDENCE	RI	02909
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
511110	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	City:	State:	Zip:
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	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	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	COMMON	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	Date
RICHARD V. SHAPPY	1/28/25

Signature of Authorized Representative

FILED
FEB 19 2025
BY 13608

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: 12/2023