



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.

REC'D RHODES BSD
25 MAR 21 PM 3:18:32

1. Entity ID Number 000083272		2. Exact name of the Corporation REM MANAGEMENT, INC.			
3. Principal Office Address PO BOX 5892		City PROVIDENCE		State RI	Zip 02903
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island TO OWN, HOLD, RENT, LEASE, MANAGE, ENCUMBER, IMPROVE, EXCHANGE, BUY AND SELL REAL PROPERTY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL J. RILEY			Vice-President Name MICHAEL J. RILEY		
Street Address PO BOX 5892			Street Address PO BOX 5892		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name MICHAEL J. RILEY			Treasurer Name MICHAEL J. RILEY		
Street Address PO BOX 5892			Street Address PO BOX 5892		
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 NONE			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					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			NUMBER OF SHARES		
			CLASS/SERIES		
This information is currently of record in the Department of State. Changes require an additional filing.			200		COMMON
			NONE		
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 MICHAEL J. RILEY <i>SR</i>					Date 3/12/25
Signature of Authorized Representative <i>[Signature]</i>					

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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