

**FILED**

MAR 24 2025



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.

CBN

BY 387

1. Entity ID Number 000091842		2. Exact name of the Corporation Pennybags Realty, Inc.												
3. Principal Office Address 294 Main Street			City East Greenwich	State RI	Zip 02818									
4. NAICS Code 541810		6. Brief description of the character of business conducted in Rhode Island To provide advertising and public relations services.												
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 Robert Walsh			Vice-President Name John Walsh											
Street Address 56 Walton Avenue			Street Address 112 Peirce Street											
City Warwick	State RI	Zip 02886	City East Greenwich	State RI	Zip 02818									
Secretary Name (same as above)			Treasurer Name (same as above)											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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			10. Shares Issued <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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>Common</td> <td>No Par Commo</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	50	Common	No Par Commo			
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50	Common	No Par Commo												
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 Robert A. Walsh					Date 3/21/25									
Signature of Authorized Representative 														

## MAIL TO:

Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.n.gov