



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.

FILED

MAR 28 2025

BY

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1. Entity ID Number 158554		2. Exact name of the Corporation Collegiate Properties Inc			
3. Principal Office Address 122 North River Dr		City Narragansett		State RI	Zip 02882
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Real Estate Management			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marguerite M Salvatore			Vice-President Name		
Street Address 122 North River Dr			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Kenneth Marot			Treasurer Name		
Street Address 388 Church St			Street Address		
City Richmond	State RI	Zip 02894	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			500	stk	.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.					
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 Marguerite M Salvatore					Date 02252025
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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