



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 RIDOS BSD
25 APR 3 PM 4:15:17

1. Entity ID Number 000424220		2. Exact name of the Corporation SAF Properties, Inc.												
3. Principal Office Address 101 Plain Street, 1st Floor, Suite 100			City Providence	State RI	Zip 02903									
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT SERVICES												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Stefania M. Mardo			Vice-President Name											
Street Address 101 Plain Street, 1st Floor, Suite 100			Street Address											
City Providence	State RI	Zip 02903	City	State	Zip									
Secretary Name Stefania M. Mardo			Treasurer Name Stefania M. Mardo											
Street Address 101 Plain Street, 1st Floor, Suite 100			Street Address 101 Plain Street, 1st Floor, Suite 100											
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			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 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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>CNP</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	CNP	\$0.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	CNP	\$0.00												
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 Stefania M. Mardo				Date 3-27-25										
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.ri.gov

FILED

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BY

FORM 630- Revised: 12/2023