



State of Rhode Island  
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

APR 08 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 1643

1. Entity ID Number 001685020		2. Exact name of the Corporation FIREHOUSE REALTY GROUP INC	
3. Principal Office Address 3 LUTHER STREET		City JOHNSTON	State RI
		Zip 02919	
4. NAICS Code 531210	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE SALES, LEASES, RENTALS AND INVESTMENTS		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name JOSHUA DEBROSSARD		Vice-President Name SAME	
Street Address 3 LUTHER STREET		Street Address	
City JOHNSTON	State RI	Zip 02919	
Secretary Name SAME		Treasurer Name SAME	
Street Address		Street Address	
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 NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 10000	CLASS/SERIES COMMON
		PAR VALUE \$.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. <b>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.</b>			
Name of Authorized Representative JOSHUA DEBROSSARD		Date 1 Apr 25 ✓	
Signature of Authorized Representative 		✓	

MAIL TO:  
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