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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
0000 6467	CENTURY 21 BROKERS' ADVISORY COUNCIL OF RHODE ISLAND INC
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO ENCOURAGE PROFESSIONALISM AMONG ALL CENTURY 21 OFFICES CONSISTENT WITH CODE OF ETHICS OF REALTORS AND TO PROMOTE INCREASED REAL ESTATE SALES
4. NAICS Code: 813920	

6. Principal Office Address	City	State	Zip
749 EAST AVE	PAWTUCKET	RI	02860

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
DIANA KRYSTON	
Street Address: 749 EAST AVE	Street Address:
City: PAWTUCKET State: RI Zip: 02860	City: State: Zip:
Secretary Name: LISA FONSECA	Treasurer Name: EDWARD STACHURSKI
Street Address: 729 HOPE ST	Street Address: 1136 NEWPORT AVE 02861
City: BRISTOL State: RI Zip: 02809	City: PAWTUCKET State: RI Zip: 02861 ~~02860~~

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
DIANA KRYSTON	EDWARD STACHURSKI
Street Address: 749 EAST AVE	Street Address: 1136 NEWPORT AVE
City: PAWTUCKET State: RI Zip: 02860	City: PAWTUCKET State: RI Zip: 02861
Director Name: LISA FONSECA	Director Name:
Street Address: 729 HOPE ST	Street Address:
City: BRISTOL State: RI Zip: 02809	City: State: Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
DIANA M. KRYSTON	8/12/2025
Signature of Officer/Authorized Representative: Diana M. Kryston	

FILED
AUG 12 2025, 326
BY VGTBE

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

FORM 631- Revised 12/2023