RI SOS Filing Number: 202578123820 Date: 9/11/2025 11:12:00 AM

						RE 25 SE	
State of Rhode Is Department of		ness Services	Division			C'D RIDOS EP 11 AM 11	
Annual Report for the year: 2020 Corporation						11:5 8 S.S	
→ Filing period: February → Filing Fee: \$50.00 → Penalty: Additional \$25.	•	ot filed by May 31.				RIDOS 850 11 AM11:29:45	
Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
000008308	RB Rea	RB Realty incorporated					
Principal Office Address Oreene Street	City	lence	Zip 02903				
4. NAICS Code	6. Brief descr	ription of the charact	ter of busine:	ss conducted in Rho	l. de Island	1	
531120	REAL ES	REAL ESTATE					
5. State of Incorporation Rhode Island	TITLE: 7-	TITLE: 7-1.1-51					
7. List ALL officers (names and	d addresses)		·	Check th	ne box to indicate	an attachment 🗆	
President Name Richard Ba	Vice-President Name None						
Street Address 10 Greene Street			Street Address				
^{City} Providence,	State RI	^{Zip} 02903	City	<u>. </u>	State	Zip	
Secretary Name None			Treasurer Name None				
Street Address	<u> </u>	<u>-</u> ·.	Street Add		<u> </u>		
City	State	Zip	City	 	State	Zip	
8. List ALL directors (names ar	nd addresses)				ne box to indicate	an attachment	
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zip	City	Crty		Zip	
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issu			he box to indicate		
This information is currently of record in the Department of State. Changes require an additional filing.		2002	SHARI, S	STK/A	CLASSISERIES PAR VILUE		
		7998	7998		STK/A \$0		
11. This report must be execut- ceiver or trustee, this report mu	ed on behalf of the ust be executed on	corporation by an a	uthorized rep ation by the i	resentative. If the coreceiver or trustee.	orporation is in the	e hands of a re-	
Under penalty of perjury, I de	eclare and affirm t	hat I have examine	d this repor	t, including any ac	companying sch	nedules and	
statements, and that all state Name of Authorized Represent		nerein are true and	d correct.	·	Date		
Richard P Baccari II			9/9/25	-			
, ,	sentative ————————————————————————————————————	-					
MAIL TO:	•					FILED	

Division of Business Services

148 W. River Street Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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