

RI SOS Filing Number: 202036647000 Date: 3/20/2020 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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ANNUAL	REPORT	FOR '	THE '	YEAR	2020
Corporation	,			-	

Filing Period: January 1 - March 1
Filing Fee: \$50.00
Penalty: Additional \$25.00 fee if form is not filed by April 1

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I. Corporate ID No 001676939	2. Name of Col The Sey	rpuration yboth Team Real Estate, I	nc.				
3. Street Address Principal Business Office 2 Charles St., Bldg C, 3rd Floor		Cny Providence	State RI	2(p 02904			
5. State of Incorporation Rhode Island		_					
Rrief Description of the Ci real estate agency	haracter of Business Con	ducted in Rhode Island					
7. NAMES AND ADDR President Name Kyle F. Seyboth	ESSES OF THE OFF	TICERS: [("X" BOX FOR ATTA	CHMENT) FI1.1.  Vice President Name  Kyle F. Seyboth	IN SPACES BEFORE U	SING ATTACHMENTS		
Sircei Address 2 Charles St., Bldg	C, 3rd Floor	£	Sircei Address 2 Charles St., Bl	dg C, 3rd Floor	-		
<sub>Cuy</sub> Providence	State RI	71p 02904	City Se Providence R		7.1p 02904		
Secretary Name Kyle F. Seyboth			Treasurer Name Kyle F. Seyboth				
Street Address 2 Charles St., Bldg		· · · · · · · · · · · · · · · · · · ·	Street Address 2 Charles St., Bldg C, 3rd Floor				
Criy Providence	RI State	02904	Providence s		02904		
8. NAMES AND ADDR Director Name Kyle F. Seyboth	ESSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT)   FII Director Name	IL IN SPACES BEFORE	USING ATTACHMENT		
Street Address 2 Charles St., Bldg	C, 3rd Floor		Street Address				
City Providence	State RI	7 <i>ip</i> 02904	City State		Zip		
Director Name		••••••••••	Director Name				
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·			
City	State	Zıp	Chy	State	Zip		
9. SHARES AUTHORIZ	LED: ("X" BOX FOI	RATTACHMENT) _	i	ED: ("X" BOX FOR AT			
This information is cur	rently of record in the	he Office of the Secretary of	Number of Shares	Class/Series	Par Value -		
State. Changes require instruction sheet.	an additional filing	. See Section 9 of	100 common shares \$.01 par value				
mstruction sheet.							
		of the corporation by an auth		If the corporation is in	the hands of a receiver of		
nder penalty of perjury, I a	lectare and affirm tha nd correct.	t I have examined this report, inc	luding any accompanyii	ng schedules and statemen	nts, and that all statements		
				3/12/2	20		
Signature				Date			
Kyle F. Seyboth Print or Type Name			<del></del>				
V							
President							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov