



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
MAR 02 2022  
BY *SSUS*  
*oa*

1. Entity ID Number <b>66463</b>		2. Exact name of the Corporation <b>RPZ REALTY, INC.</b>			
3. Principal Office Address <b>1417 DOUGLAS AVENUE</b>			City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO ACT AS OWNER AND MANAGER OF REMAX OFFICE FRANCHISES WITHIN THE REAL ESTATE INDUSTRY.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>RICHARD P. ZOMPA</b>			Vice-President Name <b>SAME</b>		
Street Address <b>1417 DOUGLAS AVENUE</b>			Street Address		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	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 <b>NONE</b>			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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		600		COMMON	
				PAR VALUE	
				NO PAR	
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 <b>RICHARD P. ZOMPA</b>				Date <b>01/19/2022</b>	
Signature of Authorized Representative <i>X Richard P. Zompa</i>					

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