



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

FILED

STAMP
 MAY 03 2022

Annual Report for the year: 2022
Corporation

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

BY *CK 11425*

1. Entity ID Number 000032596	2. Exact name of the Corporation Integrated Properties IV, Inc.
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3. Principal Office Address 1414 Atwood Avenue	City Johnston	State RI	Zip 02919
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4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kelly M. Coates			Vice-President Name Sheryl Carpiolato		
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Angelo Marocco, Esq.			Treasurer Name Gary Famiglietti		
Street Address 1200 Reservoir Avenue			Street Address 1414 Atwood Avenue		
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	No Par Value

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.

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.

Name of Authorized Representative Kelly M. Coates	Date 4/27/22
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Signature of Authorized Representative <i>Kelly M. Coates</i>	SIGN DOCUMENT HERE
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov