



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

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

2023 FEB 10 P 1:32

1. Entity ID Number 000032596		2. Exact name of the Corporation Integrated Properties IV, Inc.	
3. Principal Office Address 1414 Atwood Avenue		City Johnston	State RI
		Zip 02919	
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	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Angelo Marocco, Esq		Treasurer Name Kelly M. Coates	
Street Address 1200 Reservoir Avenue		Street Address 1414 Atwood Avenue	
City Cranston	State RI	City Johnston	State RI
Zip 02920		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		100	Comon
			PAR VALUE
			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 Coates		Date 1/30/2023	
Signature of Authorized Representative <i>Kelly M Coates</i>		FILED BY 11448	