



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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
APR 12 2024
BY *[Signature]* 37328

1. Entity ID Number 000066463		2. Exact name of the Corporation RPZ REALTY, INC.			
3. Principal Office Address 1417 DOUGLAS AVE			City NORTH PROVIDENCE	State RI	Zip 02904
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island TO ACT AS OWNER AND MANAGER OF REMAX OFFICE FRANCHISES WITHIN THE REAL ESTATE INDUSTRY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD P. ZOMPA			Vice-President Name SAME		
Street Address 1417 DOUGLAS AVE			Street Address		
City NORTH PROVIDENC	State RI	Zip 02904	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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. 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. 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 RICHARD P. ZOMPA				Date 4/12/2024	
Signature of Authorized Representative <i>Richard P. Zompa</i>					

MAIL TO:
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