

COVER SHEET

COMPANY REGISTRATION AND MONITORING DEPARTMENT

Nature of Application

FORM 23-A

SEC Registration Number

C S 2 0 2 1 0 2 2 4 3

Former Company Name

R O B I N S O N S R E A L T Y A N D
M A N A G E M E N T C O R P O R A T I O N

AMENDED TO:
New Company Name

R L C O M M E R C I A L R E I T , I N C .

Principal Office (No./Street/Barangay/City/Town)Province)

1 4 F R O B I N S O N S C Y B E R S C A P E A L P H A
O R T I G A S C E N T E R , P A S I G C I T Y .

COMPANY INFORMATION

Company's Email Address

Company's Telephone Number/s

Company's Facsimile Number/s

Name of Contact Person

Atty. Carèen Alexandria J. Henares

CONTACT PERSON INFORMATION

Email Address

Telephone Number/s

8555-9555

Facsimile Number/s

810-3110

Contact Person's Address

21st Flr. Philamlife Tower 8767 Paseo de Roxas, Makati City 1226

To be accomplished by CRMD Personnel

Assigned Processor

Date

Signature

Document I.D.

Received by Corporate Filing and Records Division (CFRD)

Forwarded to:

- Corporate and Partnership Registration Division
- Green Lane Unit
- Financial Analysis and Audit Division
- Licensing Unit
- Compliance Monitoring Division

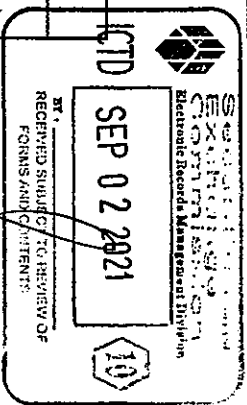
SECURITIES AND EXCHANGE COMMISSION
Metro Manila, Philippines

FORM 23-A

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 23 of the Securities Regulation Code

REVISED



| | | | | | | | | | | | | | |
|--|--|---|--|---|--|--|--|---|--|--|--|---|--|
| 1. Name and Address of Reporting Person SANCHEZ, CATALINA M. (Last) (First) (Middle) 34F ROBINSONS EQUITABLE TOWER, ADB COR. POVEDA ST., ORTIGAS CENTER (Street) PASIG CITY NCR (City) (Province) (Postal Code) | | 2. Date of Event Requiring Statement (Month/Day/Year) AUGUST 24, 2021 | | 3. Tax Identification Number 206-739-372 | | 4. Citizenship FILIPINO | | 5. Issuer Name and Trading Symbol RL COMMERCIAL REIT, INC. (RCR) | | 6. Relationship of Reporting Person to Issuer (Check all applicable) Director <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other <input type="checkbox"/> (give title below) Investo Relations Officer | | 7. If Amendment, Date of Original (Month/Day/Year) | |
| Table 1 - Equity Securities Beneficially Owned | | | | | | | | | | | | | |
| 1. Class of Equity Security | | 2. Amount of Securities Beneficially Owned | | 3. Ownership Form: Direct (D) or Indirect (I) | | 4. Nature of Indirect Beneficial Ownership | | | | | | | |
| Common Shares at P1.00 Par Value | | 0 | | 0 | | | | | | | | | |
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If the reporting person previously owned 5% or more but less than 10%, provide the disclosure requirements set forth on page 3 of this Form.

Reminder: Report on a separate line for each class of equity securities beneficially owned directly or indirectly.
(Print or Type Responses)

(1) A person is directly or indirectly the beneficial owner of any equity security with respect to which he has or shares:
(A) Voting power which includes the power to vote, or to direct the voting of, such security; and/or
(B) Investment power which includes the power to dispose of, or to direct the disposition of, such security.


(2) A person will be deemed to have an indirect beneficial interest in any equity security which is:
(A) held by members of a person's immediate family sharing the same household;
(B) held by a partnership in which such person is a general partner;
(C) held by a corporation of which such person is a controlling shareholder; or
(D) subject to any contract, arrangement or understanding which gives such person voting power or investment power with respect to such security.

FORM 23-A (continued)

Table II - Derivative Securities Beneficially Owned (e.g., warrants, options, convertible securities)

| 1. Derivative Security | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Equity Securities Underlying the Derivative Security | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security Direct (D) or Indirect (I) * | 6. Nature of Indirect Beneficial Ownership |
|------------------------|--|-----------------|---|--|---|--|
| | Date Exercisable | Expiration Date | | | | |
| n/a | | | | | | |
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Explanation of Responses:

by: CATALINA M. SANCHEZ  September 1, 2021
 Signature of Reporting Person Date