## COVER SHEET COMPANY REGISTRATION AND MONITORING DEPARTMENT

| , realure or      | Applic           | CALITO   | 13    |          |          |              |            |                                              |              |              |              |                                                        |            |                |              |                                              |              |                | SE          | C Re                                          | ilstra   | tion           | Numb                                         | er                |          |                                           |
|-------------------|------------------|----------|-------|----------|----------|--------------|------------|----------------------------------------------|--------------|--------------|--------------|--------------------------------------------------------|------------|----------------|--------------|----------------------------------------------|--------------|----------------|-------------|-----------------------------------------------|----------|----------------|----------------------------------------------|-------------------|----------|-------------------------------------------|
| FORM 23-A         |                  |          | ı     |          |          |              |            |                                              |              |              |              |                                                        |            |                |              | С                                            | s            | 2              | 0           | 2                                             | 1        | 0              | 2                                            | 2                 | 4        | 3                                         |
|                   |                  |          |       |          |          |              |            |                                              | Fo           | rmer         | Con          | pany                                                   | / Nar      | ne             | _            |                                              |              |                |             |                                               |          |                | <u> </u>                                     |                   |          |                                           |
| ROBI              | N                | s        | o     | N        | S        |              | R          | Ε                                            | Α            | L            | Т            | Y                                                      |            | Α              | N            | D                                            |              |                |             |                                               |          |                |                                              |                   |          |                                           |
| MANA              | G                | ΕĮ       | м     | Ε        | N        | Т            |            | С                                            | 0            | R            | Р            | 0                                                      | R          | Α              | 丁            | <u> </u>                                     | 0            | N              |             |                                               |          |                |                                              |                   |          |                                           |
|                   | <u>_</u>         |          |       |          |          |              |            | <u>.                                    </u> | <u></u>      |              |              |                                                        |            |                |              |                                              |              |                |             |                                               |          | <del> -</del>  | <u></u>                                      |                   |          |                                           |
|                   |                  |          |       |          |          |              |            | <u> </u>                                     | <u> </u>     |              |              |                                                        | <u> </u>   |                |              |                                              | <u> </u>     |                |             |                                               | ļ        | <u> </u>       | L                                            |                   | <u> </u> |                                           |
|                   |                  |          |       |          |          |              |            |                                              | 1            | AIV.         |              | DED.                                                   |            | e              |              |                                              |              |                |             |                                               |          |                |                                              |                   |          |                                           |
| R L C             | 0 1              | м        | М     | Ε        | R        | С            | I          | Α                                            | L            |              | R            | Ε                                                      | I          | Т              | ,            |                                              | I            | N              | С           |                                               |          |                |                                              |                   |          |                                           |
|                   |                  |          |       |          | Γ        |              |            |                                              | Ī            | 1            | Ţ            | <u> </u>                                               | Γ.         |                |              |                                              | T            |                |             | <u> </u>                                      | Γ        | T              | T                                            | T                 | Ī        |                                           |
|                   |                  |          |       | L        | <br>T    |              | <u> </u>   | <u> </u>                                     | <u> </u>     | 1            | <del> </del> | L                                                      | 一          | <u> </u>       | <del> </del> | <u> </u>                                     | <del> </del> | <del>  _</del> | <br>T       | <u> </u>                                      | <u> </u> | <u> —</u><br>Т | <u> </u>                                     | <del></del>       | <u> </u> | ——<br>——————————————————————————————————— |
|                   |                  |          |       | <u> </u> | <u>L</u> | <u> </u>     | <u>L</u> . |                                              |              |              | <u></u>      |                                                        | <u>L</u>   | <u>L</u>       | <u></u>      | <u>.                                    </u> |              | 1              | <u>L</u>    | <u>                                      </u> |          | <u></u>        |                                              | <u></u>           | <u></u>  | Ш                                         |
| 1 4 F             | R                | o        | В     | ī        | N        | T            | incip      | N N                                          | <del>\</del> | τ-           | treev        |                                                        | gay/G<br>B | <del>ب ر</del> | own)!        | 7                                            | <del></del>  | ĪΑ             | Р           | ĪΕ                                            | T        | ĪΑ             | TL                                           | Р                 | ТН       | A                                         |
|                   | <u></u> -        | <u>_</u> |       |          | <u> </u> | <del>-</del> | <br>       | <del>_</del>                                 | <u>:</u>     | <del>!</del> | <u> </u>     | <u> </u>                                               |            | <del></del>    | <u>.</u>     |                                              | . <u></u>    | <del>-</del> - | <del></del> | <del>_</del> _                                | <u> </u> | 1              | 1-                                           | <u></u>           | T.,      |                                           |
| ORTI              | G                | Α        | S     | <u> </u> | С        | E            | N          | T                                            | E            | R            | ,            | $\perp$                                                | <u> </u> P | Α              | S            |                                              | C            | 1_             | C           |                                               | T        | ĮΥ             | <u>}                                    </u> |                   | 1        |                                           |
| Compa             | ny's E           | mail A   | Addre | 95       |          |              | •          |                                              |              | COM          |              |                                                        |            |                | <b>\$</b>    | _                                            |              |                | Co          | Company's Fascimile Number/s                  |          |                |                                              |                   |          |                                           |
|                   |                  |          |       |          |          | ]            |            |                                              |              |              |              |                                                        |            |                |              | ]                                            |              |                |             |                                               |          |                |                                              |                   |          |                                           |
| Name              | of Co            | nlact i  | Perso | អា       |          |              |            |                                              | CO           |              |              | SON INFORMATION  ddress Telephone Number/s Facsimile ! |            |                |              |                                              |              |                | Humb        | er/s                                          |          |                |                                              |                   |          |                                           |
| Atty. Careen      | Alexa            | ındri    | ia J. | He       | nare     | s            |            |                                              |              |              |              |                                                        |            |                |              |                                              | 85           | 55-9           | 555         |                                               |          |                | 8                                            | 10-3 <sup>-</sup> | 110      |                                           |
|                   |                  |          |       |          |          |              |            |                                              |              | Conte        | ict Pe       | rson'                                                  | s Ado      | ress           |              |                                              |              |                |             |                                               |          |                |                                              |                   |          |                                           |
| 21st Flr. Philam  | life T           | owe      | er 87 | 67       | Pase     | eo de        | Ro         | xas,                                         | Mal          | kati.€       | City         | 1226                                                   | <u> </u>   |                |              |                                              |              |                |             |                                               |          |                |                                              |                   |          |                                           |
|                   |                  |          |       |          |          |              | To         | be a                                         | 1000         | mpl          | ishe         | d by                                                   | ÇÄ         | МD             | Pers         | oni                                          | nel          |                |             |                                               |          |                |                                              |                   |          |                                           |
| Assigned Process  | or               |          |       |          |          |              |            |                                              |              | •            |              | •                                                      |            |                | Da           | te                                           |              |                |             |                                               |          |                | gnati                                        |                   |          |                                           |
|                   |                  |          |       |          |          |              |            |                                              |              |              |              |                                                        |            |                |              | _                                            |              |                | _           |                                               |          |                |                                              |                   |          |                                           |
|                   |                  |          |       |          |          |              |            |                                              | _            |              | _,           | _                                                      |            |                | <u>,</u>     |                                              |              |                |             |                                               |          |                |                                              |                   |          |                                           |
| Document I.D.     |                  | :        | :     |          |          |              |            |                                              |              |              |              |                                                        |            |                |              |                                              |              |                |             |                                               |          | :              |                                              |                   |          |                                           |
| Received by Corpo | حسا<br>rate Fl   | lling :  | and F | Reco     | rds D    | lvisio       | n (Cl      | FRD)                                         |              |              |              |                                                        |            |                |              |                                              |              | _              |             | _                                             |          |                |                                              | ~                 |          | <u></u> .                                 |
| Forwarded to:     |                  |          |       |          |          |              |            |                                              |              | ٠            |              |                                                        |            |                |              |                                              |              |                | -           |                                               |          |                |                                              |                   |          |                                           |
|                   | orpora<br>reen L |          |       |          | rship    | Regi         | strat      | ion D                                        | ivisio       | n            |              |                                                        |            |                |              |                                              |              |                | _           | _                                             |          |                |                                              |                   |          | <del></del>                               |
| Fi                | nancia           | al An    | alysi |          | d Aud    | dit Div      | isior      | 1                                            |              |              |              | _                                                      |            |                |              |                                              |              |                | _           | _                                             |          |                |                                              |                   |          |                                           |
|                   | censin<br>omplia | -        |       | itorir   | ıg Dir   | ision        |            |                                              |              |              |              | _                                                      |            |                |              | _                                            |              |                | -           | _                                             |          |                |                                              |                   |          |                                           |

## SECURITIES AND EXCHANGE COMMISSION Metro Manila, Philippines

| FORM 23-A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |                                                                      |                                                             | REVISED                |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|------------------------|-----------------------------------------|
| INITIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES        | NERSHIP OF SECURITIES                                                |                                                             | ſ                      | G C C C C C C C C C C C C C C C C C C C |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Filed pursuant to Section 23 of the Securities Regulation Code | les Regulation Code                                                  |                                                             |                        | Exchangement Deplete                    |
| 1 Name and Address of Bonodies Dessay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                |                                                                      |                                                             | <u>ラ</u>               | -n o a ana (1)                          |
| - Name and Address of Reporting Palson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Statement                                                      | 5. Issuer Name and Trading Symbol                                    | ymbol                                                       | TO   OF                | SEP 2 2021 (\10)                        |
| ARAS WILFREDO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Month/Day/Year)                                               | RLCO                                                                 | RL COMMERCIAL REIT, INC. (RCR)                              |                        |                                         |
| (Last) (First) (Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AUGUST 24 2021                                                 | 6. Relationship of Reporting Person to Issuer (Chack all applicable) | ]7,                                                         | If Amendment, RECEIVED | WED IN THE PROPERTY OF                  |
| 600 PALICO ST. AYALA ALABANG VILLAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3. Tax Identification Number                                   | x Director                                                           | 10% Owner                                                   | }                      | roids                                   |
| (Street) MUNTINLUPA CITY, NCR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 192-727-614                                                    | •                                                                    | Ě                                                           |                        |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. Citizenship Fil IPINO                                       | Independent Director                                                 |                                                             | ••••                   | _                                       |
| (City) (Province) (Postal Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                | -                                                                    |                                                             |                        |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                              | Table 1 - Equity Securitles Beneficially Owned                       | cially Owned                                                |                        |                                         |
| 1. Class of Equity Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2. Amount of Securities  Repedicially Owner                    | 3. Ownership                                                         | <ol> <li>Nature of Indirect Beneficial Ownership</li> </ol> | ership                 |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | % Number                                                       | or Indirect (I)                                                      |                                                             |                        |                                         |
| Common Shares at P1.00 Par Value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                              | 2 0                                                                  |                                                             |                        |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                      |                                                             |                        | -                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                      |                                                             |                        |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                      |                                                             |                        |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                      |                                                             |                        |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                      |                                                             |                        |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                      |                                                             |                        |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                      |                                                             |                        |                                         |
| - Annual Control of the Control of t |                                                                |                                                                      |                                                             |                        |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                      |                                                             | į                      |                                         |
| THE RESIDENCE OF THE PROPERTY  |                                                                |                                                                      |                                                             |                        |                                         |

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.

- (Print or Type Responses) Reminder: Report on a separate line for each class of equity securities beneficially owned directly or indirectly. (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 - Derivativa Securities Beneficially Owned (e.g., warrants, options, convertible securities)

| Explanation of Responses:                      |  |   |  |  |  |  | n/a |                     | 1. Derivative Security                                                                                    |
|------------------------------------------------|--|---|--|--|--|--|-----|---------------------|-----------------------------------------------------------------------------------------------------------|
|                                                |  | - |  |  |  |  |     | Exercisable         | Date Exercisable     and Expiration Date     (Month/Day/Year)                                             |
|                                                |  |   |  |  |  |  |     | Date                | isable<br>tion Date<br>y/Year)                                                                            |
| by:                                            |  |   |  |  |  |  |     | Title               | <ol> <li>Title and Amount of Equity Securities         Underlying the Derivative Security     </li> </ol> |
| Signa                                          |  |   |  |  |  |  |     | Number of<br>Shares | y Securities<br>Security                                                                                  |
| WILFREDO A PARAS Signature of Reporting Person |  |   |  |  |  |  |     | security            | 4. Conversion or Exercise Price of Derivative                                                             |
| ALANAS<br>9 Person                             |  |   |  |  |  |  |     | <br>Indirect (I) *  | 5. Ownership Form of Derivative Security                                                                  |
| Date Date                                      |  |   |  |  |  |  |     |                     | 6. Nature of Indirect<br>Beneficial Ownership                                                             |