



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 0089075		2. Exact name of the Corporation CENTRAL AVENUE REALTY, INC.			
3. Principal Office Address 1113 Central Avenue		City Pawtucket		State RI	Zip 02861-0000
4. Business Phone Number: (508) 222-7990		6. Brief description of the character of business conducted in Rhode Island dealing in 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 Manuel P. Andrade			Vice-President Name Edward Andrade		
Street Address 40 Carrie Avenue			Street Address 141 Fairway Drive		
City East Providence	State RI	Zip 02916-	City Attleboro	State MA	Zip 02703-
Secretary Name Steven Andrade			Treasurer Name Manuel P. Andrade		
Street Address 71 Fairview Avenue			Street Address 40 Carrie Avenue		
City Rehoboth	State MA	Zip 02769-	City East Providence	State RI	Zip 02916-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Manuel P. Andrade			Director Name Christopher Andrade		
Street Address 40 Carrie Avenue			Street Address 62 Cameron Way		
City East Providence	State RI	Zip 02916-	City Rehoboth	State MA	Zip 02769-
Director Name Edward Andrade			Director Name Steven Andrade		
Street Address 141 Fairway Drive			Street Address 71 Fairview Avenue		
City Attleboro	State MA	Zip 02703-	City Rehoboth	State MA	Zip 02769-
9. Shares Authorized 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.					
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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 Manuel P. Andrade				Date FILED 017	
Signature of Authorized Representative <i>Manuel P. Andrade</i>				SIGN DOCUMENT HERE JAN 19 2017 BY <i>000455</i>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov