(RE)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JAN 2 5 2017 🛇

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

BY 142	
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7 Tenaity. Additional \$25.00 T	ee ii lollii is liot i	ned by April 1.						
1. Entity ID Number	Intity ID Number 2. Exact name of the Corporation							
000003389	CENTI	RAL FALL	S REAL	.TY CORT				
3. Principal Office Address	<u>-</u>		City		State	Zip		
184 RIVERSI	DE DR		EAST	PROVIDENCE	RI	02915		
4. NAICS Code	Brief descript	ion of the characte	r of business	conducted in Rhode I	sland	<u> </u>		
5. State of Incorporation	REAL	- ESTATE RENTI	Any ,	conducted in Rnode II NVESTMEN	TS			
7. List ALL officers (names and add	iresses)		·	Check	the box to indi	cate an attachment		
President Name		m 1EGA	Vice-Presider	nt Name				
Street Address	PETER S KumiEGA Street Address							
141 TERRACE	AUE		42	BADGER				
City EAST PROVIDENCE	Estate R.I	Zip 02915	City BRE	WSTEA	State M D	Zip 62631		
PATRICIA A KUMIFGA Treasurer Name TOSEPH A KUMIFGA								
Street Address 184 RIVERSIDE DR			Street Address 184 RIVERSIDE DR					
EAST PROVIDENCE	State R.I	Zip 02 815	City	PROVIDENCE	State	Zip 02915-		
8. List ALL directors (names and addresses) Check the box to indicate an attachment I								
Director Name TOSCPH A KUMIEGA			Director Name PETER S KUMIEGA					
Street Address 184 RIVERSIDE DR			Street Address 42 BADGER LANE					
City EAST PROVIDENCE	State RI	07915	City	NSTER	State M4	Zip 02631		
Director Name PATRICA A Kurn IF GA			Director Name J. DAVID KUMIEGA					
Street Address 184 RIVER SIDE DR			Street Address 141 TERRACE AVE					
City	State	Zip	City		State	Zin		
City LAST PROVIDENCE 9 Shares Authorized	RI	0295	EACT PR	OUTENCE	P	218-60		
9. Shares Authorized		10. Shares Issue	d		he box to indic	ate an attachment		
This information is currently of recor	in the	NUMBER OF SH		CLASS/SERIES		PAR VALUE		
Department of State.		10	0	commo	n_	NONE		
Changes require an additional filing.		<u> </u>	"					
This report must be executed or	behalf of the cor	poration by an auth	orized repres	sentative. If the corpor	ration is in the	hands of a receiver or		
trustee, this report must be execute	d on behalf of the	corporation by the	receiver or tr	ustee.				
Under penalty of perjury, I declare	and affirm that	I have examined	this report, i	ncluding any accom	panying sche	dules and		
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date								
Joseph A Kumitin TREA				1SURER 1-22-17				
Signature of Authorized Representa	tive /	- , , ,			<u></u>			
Julia.	tive / Kremiez	<u> </u>	Company of the compan	* News				
IAIL TO: /		,	***	·				

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov