



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<br><b>146059</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | 2. Exact name of the Corporation<br><b>Park Row Properties, Ltd.</b>                                                   |                                                                                                                       |                        |                     |
| 3. Principal Office Address<br><b>1 Turks Head Place, Suite 1309</b>                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                        | City<br><b>Providence</b>                                                                                             | State<br><b>RI</b>     | Zip<br><b>02903</b> |
| 4. NAICS Code<br><b>334290</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Communications and Alarm Systems</b> |                                                                                                                       |                        |                     |
| 5. State of Incorporation<br><b>RI</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                        |                                                                                                                       |                        |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                        |                                                                                                                       |                        |                     |
| President Name<br><b>Charles Meyers</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                                        | Vice-President Name                                                                                                   |                        |                     |
| Street Address<br><b>28 Luzon Avenue</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                                                        | Street Address                                                                                                        |                        |                     |
| City<br><b>Providence</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        | State<br><b>RI</b> | Zip<br><b>02906</b>                                                                                                    | City                                                                                                                  | State                  | Zip                 |
| Secretary Name<br><b>Charles Meyers</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                                        | Treasurer Name<br><b>Charles Meyers</b>                                                                               |                        |                     |
| Street Address<br><b>28 Luzon Avenue</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                                                        | Street Address<br><b>28 Luzon Avenue</b>                                                                              |                        |                     |
| City<br><b>Providence</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        | State<br><b>RI</b> | Zip<br><b>02906</b>                                                                                                    | City<br><b>Providence</b>                                                                                             | State<br><b>RI</b>     | Zip<br><b>02906</b> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                        |                                                                                                                       |                        |                     |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                        | 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<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                        | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                        | NUMBER OF SHARES                                                                                                      | CLASS/SERIES           | PAR VALUE           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                        | <b>100</b>                                                                                                            | <b>Common</b>          | <b>None</b>         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                        |                                                                                                                       |                        |                     |
| 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.<br><b>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.</b> |                    |                                                                                                                        |                                                                                                                       |                        |                     |
| Name of Authorized Representative<br><b>Charles Meyers</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                                        |                                                                                                                       | Date<br><b>8/14/17</b> |                     |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                                        |                                                                                                                       |                        |                     |

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

**AUG 21 2017**

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