

Corporation

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

Annual Report for the year:

2018

2017 DEC 14 PM 3: 45

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

7 Fernanty. Additional \$25.00 le							
1. Entity ID Number							
000068513	PARK.	EAST REA	LTY, INC	•			
3. Principal Office Address			City		State	Zip	
65 ROCKRIDGE			LINC	OLN	R.I.	02865	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
53/120	OWN, OPERATE AND RENT REAL ESTATE						
5. State of Incorporation	1 ′						
RAODE ISLAND							
7. List ALL officers (names and add	lresses)			Check th	e box to indic	ate an attachment 🔲	
President Name TERRY V. TORCE			Vice-President Name				
Street Address 65 ROCKRIDGE LD.			Street Address				
		Tin	City		State	Zip	
LINCOLN	State R. I.	Zip 02865			June	Lip	
Secretary Name JERRY V.			Treasurer Name TERRY V. JORGE				
Street Address							
65 ROCKRIDGE RD.			65 KOLKNIDGE KD.				
City LINEOZN	State Z.	Zip 02865	City LINCO	LN	State T.	Zip 02865	
8. List ALL directors (names and ad	Check the box to indicate an attachment						
Director Name	Director Name						
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
Director Name	Director Name						
Street Address	Street Address						
City	State	Zip	City		State	Zip	
Uny I	Siere	 -"	J,		2.6.6	المرابع	
		10. Shares Issu			he box to indic	cate an attachment 🔲	
This information is currently of record in the Department of State.		NUMBER OF	SHARES	CLASS/SERIES	· · · · · · · · · · · · · · · · · · ·	PAR VALUE	
		2,000				#1.00	
Changes require an additional filling.							
11. This report must be executed of	on behalf of the o	corporation by an au	thorized represent	tative. If the corpor	ation is in the	hands of a receiver or	
trustee, this report must be execut							
Under penalty of perjury, I decia statements, and that all stateme			•	uding any accom	panying sch	edules and	
Name of Authorized Representative					Date	, ,	
JERRY V. JORGE					12/14/17		
Signature of Authorized Represen	itative			1			
Jerry V. J	nge		FILE	<u> </u>			
MAIL TO:			מבר 1 ג מו	 117			

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY Cn 319911

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