



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

FILED

JAN 18 2018

485

BY

- 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. NAICS Code 531120		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		10. Shares Issued				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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		100		Common	No Par	
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 1/02/2018		
Signature of Authorized Representative 						

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