RI SOS Filing Number: 201856556310 Date: 1/19/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 Corporation

→ Filing period: January 1 - March 1
 → Filing Fee: \$50.00

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

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G 5 ID N		• •			19 1 an <u></u>	· · · · · · · · · · · · · · · · · · ·		
Entity ID Number		2. Exact name of the Corporation						
141231	HANLEY	HANLEY VILLAGE DEVELOPMENT CORP.						
3. Principal Office Address	rincipal Office Address				State	Zip		
472 Potters Avenue		Providence		RI	02907			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
531311	Manages re	Manages real property.						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names a	nd addresses)			Check	the box to	ndicate an attachment 🔲		
President Name Paul Calenda			Vice-President Name None					
Street Address 472 Potters Avenue			Street Address					
City Providence	State RI	^{Zip} 02907	City		State	Zıp		
Secretary Name None	<u> </u>			Treasurer Name None				
Street Address	eet Address			Street Address				
City	State	Zip	City		State	Zip		
8. List ALL directors (names	and addresses)	<u> </u>		Check	the box to	indicate an attachment		
Director Name None			Director Name					
<u></u>			Street Address					
Street Address			Street Address	•				
City	State	Zip	City		State	Zıp		
Director Name None			Director Name None					
Street Address			Street Address					
Слу	State	Zip	City		State	Zıp		
9. Shares Authorized		10. Shares Is	<u> </u>	Check	the box to	indicate an attachment		
This information is currently o	of record in the) SHARES					
Department of State.		100		Common		No Par Value		
Changes require an additiona	l filing.							
11. This report must be exec					oration is in	the hands of a receiver or		
trustee, this report must be a								
Under penalty of perjury, I statements, and that all sta				ncluding any acco	mpanying s	scriedules and		
Name of Authorized Represe		nerem are trae a	ind correct.		Date			
Paul Calenda					12	./14/17		
Signature of Authorized Rep	resentative	SIGN DO	CUMENT HERE	Dail	0	114/17 Edo		
<u></u>				1 0m	<u> </u>	مسراورند		

MAIL TO:

Division of Business Services

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

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