



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB -1 PM 12:38

1. Entity ID Number 52954		2. Exact name of the Corporation PARK AVENUE INVESTMENTS, INC.			
3. Principal Office Address 1278 PARK AVENUE		City CRANSTON		State RI	Zip 02920
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL AND INVEST IN REAL LAND AND PERSONAL PROPERTY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT A. NARDOLILLO, JR.			Vice-President Name DAVID M. NARDOLILLO		
Street Address 101 CASWELL STREET			Street Address 85 GATEWAY ROAD		
City NARRAGANSETT	State RI	Zip 02882	City NORTH KINGSTOWN	State RI	Zip 02882
Secretary Name ANGELO M. NARDOLILLO			Treasurer Name ANGELO M. NARDOLILLO		
Street Address 114 CREST DRIVE			Street Address 114 CREST DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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					
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 VAL UF	
100		COMMON		NONE	
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 ROBERT A. NARDOLILLO, JR.					Date 1/31/18
Signature of Authorized Representative <i>Robert A. Nardolillo, Jr.</i>					

FILEDMAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govFEB 01 2018
BY **303229**
A.A.

FORM 630 - Revised: 10/2017