




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 DIVISION

2018 FEB 21 PM 2:17

1. Entity ID Number 247821		2. Exact name of the Corporation 2377 Pawtucket Avenue Associates, Inc.												
3. Principal Office Address 2377 Pawtucket Avenue			City East Providence	State RI	Zip 02914									
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Own and manage real estate												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Cynthia C. Kaplan			Vice-President Name Edward P. Manning											
Street Address 2377 Pawtucket Avenue			Street Address 2377 Pawtucket Avenue											
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914									
Secretary Name Daniel S. Kaplan			Treasurer Name Edward P. Manning											
Street Address 2377 Pawtucket Avenue			Street Address 2377 Pawtucket Avenue											
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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			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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>5000</td> <td>STK</td> <td>0.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	5000	STK	0.0100			
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5000	STK	0.0100												
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. <i>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.</i>														
Name of Authorized Representative Cynthia C. Kaplan				Date 2/17/2018										
Signature of Authorized Representative 														

SIGN DOCUMENT FILE

FILED

FEB 21 2018

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