RI SOS Filing Number: 201859314610 Date: 2/26/2018 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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Entity ID Number	Exact name of the Corporation					1000	
15629	WALNUT P	PROPERTIES, INC.		是 节切			
3. Principal Office Address			City		State	5 Zinc S	
27 Walnut Street			North Provi	idence	RI	02904	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
521210	To buy, sell, manage and lease real estate and any other lawful business.						
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and ad	ldresses)			Che	ck the box to it	ndicate an attachment 🔲	
President Name Kenneth A. Ventura			Vice-President Name Kenneth A. Ventura				
Street Address 27 Walnut Street			Street Address 27 Walnut Street				
City North Providence	State RI	^{Zip} 02904	City North Providence		State RI	^{Zip} 02904	
Secretary Name Kenneth A. Ventura			Treasurer Name Kenneth A. Ventura				
Street Address 27 Walnut Street			Street Address 27 Walnut Street				
City North Providence	State RI	Zip 02904	City North Providence		State RI	^{Zip} 02904	
8. List ALL directors (names and a	addresses)				ck the box to i	ndicate an attachment	
Director Name Kenneth A. Ventura			Director Name				
Street Address 27 Walnut Street			Street Address				
City North Providence	State RI	Zip 02904	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Iss		Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
		25	NUMBER OF SHARES		RIES	No Par Value	
11. This report must be executed	on habalf of the	s compration by an	authorized repres	contative If the co	moration is in t	he hands of a receiver or	
trustee, this report must be executed			·		i poration is in t	ile lialius of a receiver of	
Under penalty of perjury, I decid	are and affirm	that i have examin	ed this report, i		ompanying s	chedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
Kenneth A. Ventura, President / MIII f MIII 3/3/18							
Signature of Authorized Representative							
		SIGN DO	CUMENT FILE	₹ EU			

MAIL TO:

Website: www.sos.ri.gov

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

BY \$ 325326

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