RI SOS Filing Number: 201860310500 Date: 3/15/2018 4:00:00 PM

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State of Rhode Isla											
* Department of St. Annual Report for the year		56	rvices Division								
Corporation	ar: <u>2018</u>										
	rch 1										
ൃ Filing Fee \$50.00											
	e if form is not filed	by A	April 1								
1											
1 Entity ID Number	2 Exact name of	fthe	e Corporation								
1 GMMA	208-210	208-210 BATTLE AVENUE HOLDINGS CORP									
3. Principal Office Address					City				State Zip		
47 TANGLEWOOD D					WEST WARWICK				RI   02893		
4. NAICS Code	6. Brief description	on c	of the character of bus	iness condu	ted in	Rhode Island	•				
531110 5 State of Incorporation	4										
· ·	DENOTE :	.177									
RI RENTAL REAL ESTATE  7. List ALL officers (names and addresses)					Check the box to indicate an attachment						
President Name	<b>au</b> 31 <b>63303</b> /			Vice-President Name							
Street Address				Street Add	ress						
	·	ļ			1						
City	State	Zip	)	City			State		Zip		
Secretary Name				Treasurer	Jame		<u> </u>	l			
Secretary Name					Treasurer France						
Street Address					Street Address						
City	State Z		1	City		State		Zip			
							<u>ــــــــــــــــــــــــــــــــــــ</u>	1			
8. List ALL directors (names and addresses)					Check the box to indicate an attachment						
Director Name					Director Name						
Stree! Address					Street Address						
ν.											
City -	State Zi			City			State		Zip		
							J				
Director Name					Director Name						
Street Address					Street Address						
Circut / Notices											
City State		Zip		City			State		Zip		
				<u> </u>				<u> </u>			
9. Shares Authorized			10. Shares Issued C			Che	neck the box to indicate an attachment :				
This information is currently of record in the MUMBER OF SI				ARES CLASSISENICS				PAR VALUE			
Department of State. 200											
Changes require an additional  11. This report most be executed		rn0r	ation by an authorized	l renresentat	ive Ift	he cornoration	is in the h	ands of a	receiver or	<del></del>	
trustee, this report must be execu		•	•			no corporation					
Under penalty of perjury, I d						cluding any	accomp	anying s	chedules and		
statements and that all star		ed	herein are truc an	d correct.							
Name of Authorized Representative								Date			
Sighstan of Authorized Constraint	nt ativo			·			l				
Signature of Authorized Representative PHTMLP_GUSSACK											
TILE!											
MAIL TO:											

Division of Business Services

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

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

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