



Annual Report for the year: 2019 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entry ID Number 11603		2. Exact name of the Corporation PARK AVENUE SPORTS CENTER, INC.			
3. Principal Office Address 281 Meadow Lane		City Middletown		State RI	Zip 02842
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island 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 Barbara J. Bogosian			Vice-President Name James Bogosian, Jr.		
Street Address 281 Meadow Lane			Street Address 281 Meadow Lane		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name James Bogosian, Jr.			Treasurer Name Kimberly Pereira		
Street Address 281 Meadow Lane			Street Address 281 Meadow Lane		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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/STRIKES	PAR VALUE
		1,000		Common	No Par
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 Barbara J. Bogosian					Date 12.24.18
Signature of Authorized Representative 					

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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105