RI SOS Filing Number: 201986893730 Date: 2/15/2019 4:00:00 PM

State of Rhode Island Department of			Division				
Annual Report for the year: 2019 Corporation						SIAmo	
→ Filing period: January 1 → Filing Fee: \$50.00	•					v olume to the second of the	
→ Penalty: Additional \$25.0							
1. Entity ID Number		Exact name of the Corporation Pawtucket Avenue Properties, Inc.					
74905	Pawtucket A	venue Properties 	s, Inc. ———————				
3. Principal Office Address 260 Pawtucket Avenue			City Pawtucket		State RI	Zip 02860	
4. NAICS Code	6. Brief descn	ption of the charac	ter of business co	onducted in Rhode Isl	land		
5. State of Incorporation Rhode Island	Deal in and	Deal in and with real and personal property.					
7. List ALL officers (names and addresses) President Name Daniel Daluz Check the box to indicate an Vice-President Name Daniel Daluz						ndicate an attachment	
			Daniel Daluz				
Street Address 260 Pawtucket Avenue			Street Address 260 Pawtucket Avenue				
City Pawtucket	State RI	Zip 02860	City Pawtucket		State RI	^{Zip} 02860	
Secretary Name Daniel Daluz			Treasurer Name Daniel Daluz				
Street Address 260 Pawtucket			Street Address	260 Pawtucket Ave	nue		
City Pawtucket	State RI	^{Zip} 02860	City Pawtucket		State RI	^{Zip} 02860	
8. List ALL directors (names an	id addresses)			Check t	he box to ir	ndicate an attachment	
Director Name Daniel Daluz			Director Name				
Street Address 260 Pawtucket Avenue			Street Address				
City Pawtucket	State RI	Z _{IP} 02860	City	ity		Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Iss	sued	Check t	l he box to ir	ndicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	CLASS/SERIES		
Changes require an additional filing.		100		Common		No Par	
				_		_	
 This report must be execute trustee, this report must be exe 	ed on behalf of the ecuted on behalf of	corporation by an the corporation by	authonzed repres	entative. If the corpor	ation is in t	he hands of a receiver or	
Under penalty of perjury, I de statements, and that all state	clare and affirm t	hat I have examin	ed this report, in	ncluding any accom	panying se	chedules and	
Name of Authorized Representative					Date		
Daniel Daluz					6	1-12-19	
Signature of Authorized Repres	sentative	SIGN DO	CUMENT HERE				
MAIL TO:			FILE				

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 1 5 2019

FORM 630 - Revised: 02/2017