



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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. Entity ID Number 72771 | | 2. Exact name of the Corporation 93 OLD SUCCOTASH ROAD, EAST MATUNUCK, RHODE ISLAND, INC. | | | |
| 3. Principal Office Address 93 OLD SUCCOTASH ROAD | | | City EAST MATUNUCK | State RI | Zip 02879 |
| 4. NAICS Code 53110 | | 6. Brief description of the character of business conducted in Rhode Island GENERAL REAL ESTATE BUSINESS | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name DIEGO CHRISTOPHER RODRIGUEZ | | | Vice-President Name NONE. | | |
| Street Address 37 KINGS STREET, APT. 5E | | | Street Address | | |
| City NEW YORK | State NY | Zip 10014 | City | State | Zip |
| Secretary Name NONE. | | | Treasurer Name NONE. | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name KARLA S. VOTH | | | Director Name | | |
| Street Address 160 BLEECKER STREET, APT. 6D WEST | | | Street Address | | |
| City NEW YORK | State NY | Zip 10012 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 400 | 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 DIEGO CHRISTOPHER RODRIGUEZ | | | | | Date 2/25/19 |
| Signature of Authorized Representative | | | | | FILED |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

FEB 27 2019

FORM 630 - Revised: 10/2017