RI SOS Filing Number: 201988610740 Date: 3/13/2019 4:00:00 PM

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.

FILED
MAR 13 2019
BY 372 DS

1. Entity ID Number	2. Exact name of the Corporation			
001684901	THE SILK III CORPORATION			
3 Principal Office Address		City	State	Zip
294 BUTLER AVE		PROVIDENCE	RI	02906
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390				
5. State of Incorporation				
NY	RENTAL			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
SUNA KIRAC					
Street Address			Street Address		
RAMERICA - 12 E 49TH ST					
City	State	Zip	City	State	Zip
NEW YORK	NY	10017			
Secretary Name			Treasurer Name		
			YONCA SARIGEDIK		
Street Address			Street Address		
			RAMERICA - 12 E 49TH ST		
City	State	Zip	City	State	Zip
			NEW YORK	NY	10017

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	.01

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	Date
X	X 3/5/19
Signature of Authorized Representative	
YONCA SARIGEDIK	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017