

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year: 2019
Corporation

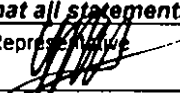
- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 13 2019

BY

372 DS

1. Entity ID Number 001684901		2. Exact name of the Corporation THE SILK III CORPORATION			
3. Principal Office Address 294 BUTLER AVE			City PROVIDENCE	State RI	Zip 02906
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island RENTAL			
5. State of Incorporation NY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name SUNA KIRAC			Vice-President Name		
Street Address RAMERICA - 12 E 49TH ST			Street Address		
City NEW YORK	State NY	Zip 10017	City	State	Zip
Secretary Name			Treasurer Name YONCA SARIGEDIK		
Street Address			Street Address RAMERICA - 12 E 49TH ST		
City	State	Zip	City NEW YORK	State NY	Zip 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. Changes require an additional filing.		NUMBER OF SHARES 100		CLASS/SERIES COMMON	PAR VALUE .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 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