



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

STAMP

MAR 27 2019

SECRETARY OF STATE
 R.I.

BY 1130

1. Entity ID Number 701427		2. Exact name of the Corporation ERICK PROPERTY INVESTMENT CORP.			
3. Principal Office Address 11 BEACON STREET			City CENTRAL FALLS	State RI	Zip 02863
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island RENTAL PROPERTY			
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 FRANCINA J. CRUZ			Vice-President Name SAME		
Street Address 11 BEACON STREET			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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 FRANCINA J. CRUZ			Director Name		
Street Address 11 BEACON STREET			Street Address		
City PROVIDENCE	State RI	Zip 02863	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500	STK	\$0.00	
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. <i>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.</i>					
Name of Authorized Representative FRANCINA J. CRUZ				Date 02/13/2019	
Signature of Authorized Representative <i>Francina Cruz</i>			SIGN DOCUMENT HERE		

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