



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

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 SECRETARY OF STATE
 CORPORATE DIVISION

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- 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 000101856		2. Exact name of the Corporation 1178-1194 Pontiac Avenue, Inc.			
3. Principal Office Address c/o GJS Management; 858 Washington Street			City Dedham	State MA	Zip 02826
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To acquire equity interest in and serve as a member of 1178-1194 Pontiac Avenue, LLC, a Rhode Island Limited Liability Company			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John R. Salvatore			Vice-President Name Gregory J. Salvatore		
Street Address 858 Washington Street			Street Address 858 Washington Street		
City Dedham	State MA	Zip 02826	City Dedham	State MA	Zip 02826
Secretary Name Gregory J. Salvatore			Treasurer Name John R. Salvatore		
Street Address 858 Washington Street			Street Address 858 Washington Street		
City Dedham	State MA	Zip 02826	City Dedham	State MA	Zip 02826
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John R. Salvatore			Director Name Gregory J. Salvatore		
Street Address 858 Washington Street			Street Address 858 Washington Street		
City Dedham	State MA	Zip 02826	City Dedham	State MA	Zip 02826
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		PAR VALUE
			100	common	\$1.00
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.					
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 Gregory J. Salvatore					Date 1-15-20
Signature of Authorized Representative 			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

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