

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

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	<b>,</b> .
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Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
2247	BELMON	BELMONT SHOPPERS PARK, INC.						
Principal Office Address		City		State	Zip			
68 South Road		Wakefield		RI	02879			
NAICS Code     Brief description of the character of business conducted in Rhode Island								
5313 <del>9</del> 0	l l	Real Estate Development						
5. State of Incorporation								
RI								
<ol><li>List ALL officers (names and</li></ol>	addresses)				the box to it	ndicate an attachment 🗵		
President Name Shirtey M. Sira	Vice-President Name Lisa Siravo Biafore							
Street Address 68 South Road	Street Address 68 South Road							
City Wakefield	State RI	<sup>Zip</sup> 02879	City Wakefield		State RI	<sup>Zip</sup> 02879		
Secretary Name Lisa Siravo Bia	Treasurer Name Shirley M. Siravo							
Sireel Address 68 South Road			Street Address 68 South Road					
City Wakefield	State RI	<sup>Zip</sup> 02879	City Wakefield		State RI	<sup>Zip</sup> 02879		
8. List ALL directors (names an	d addresses)	<del></del>	· · · · · · · · · · · · · · · · · · ·	Check	the box to	ndicate an attachment		
Director Name Shirley M. Sirav		. <del></del>	Director Name			<del></del> -		
Street Address 68 South Road			Street Address					
City Wakefield	State RI	<sup>Zip</sup> 02879	City		State	Ζ <del>ί</del> ρ		
Director Name Director Name								
Street Address			Street Acdress	Street Acdress				
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Is	sued	Check	the box to i	ndicate an attachment 🔲		
This information is currently of r	NUMBER OF SHARES		CLASS/SERIES PAR VALUE					
Department of State.		400		common		no par		
Changes require an additional fil								
11. This report must be execute	ed on behalf of the	corporation by an	authorized repres	entative. If the corpo	oration is in t	the hands of a receiver or		
trustee, this report must be exe								
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 / /								
Lisa Siravo Biafore 1/27/20								
Signature of Authorized Representative								
4//			of the Minds of		<del></del>			
<del></del>								

MAIL TO:

Islan of Business Services

River Street, Providence, Rhode Island 02904-2615

101) 222-3040 14.sos.ri.gov

FORM 630 - Revised: 10/2017

## STATE OF RHODE ISLAND PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

## BELMONT SHOPPERS PARK, INC.

Corporate ID No. 2247

## EXHIBIT A

Additional Officers.

Name:

Debra Siravo Manni

Title:

Vice President

Address:

68 South Road

Wakefield, RI 02879

Name:

Vincent J. Siravo, Jr.

Title:

Vice President 68 South Road

Address:

Wakefield, RI 02879