

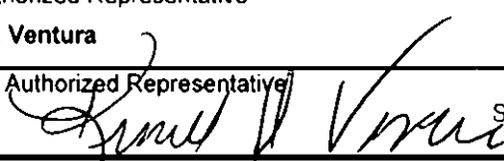


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 FOR SECRETARY OF STATE USE ONLY

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.

1. Entity ID Number 7982		2. Exact name of the Corporation QUEENIE BROWN CORPORATION			
3. Principal Office Address 27 Walnut Street			City North Providence	State RI	Zip 02904
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To buy, sell, manage and lease real estate and any other lawful business.			
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 Kenneth A. Ventura			Vice-President Name Kenneth A. Ventura		
Street Address 27 Walnut Street			Street Address 27 Walnut Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Kenneth A. Ventura			Treasurer Name Kenneth A. Ventura		
Street Address 27 Walnut Street			Street Address 27 Walnut Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth A. Ventura			Director Name		
Street Address 27 Walnut Street			Street Address		
City North Providence	State RI	Zip 02904	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
			100		Common
					No Par Value
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 Kenneth A. Ventura					Date 1/31/2020
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

FILED
FEB 21 2020
 BY CR 709
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 FORM 630 - Revised: 10/2017