RI SOS Filing Number: 202187445690 Date: 1/18/2021 4:00:00 PM

State of Rhode Island

# Department of State - Business Services Division

**Annual Report for the year:** 2021

**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
JAN 18 2021
BY 1005

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 000103536 | THE PINK BUILDING, INC. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 245 ALLENS AVENUE | PROVIDENCE | RI | 02905 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 531120 | TO PRVIDE, PERFORM, MARKET, SELL OR OTHERWISE DEAL IN REAL ESTATE OWNERSHIP AND MANAGEMENT OF THE LIKE |
| 5. State of Incorporation: RHODE ISLAND | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: H CHARLES TAPALIAN | | | Vice-President Name: SAME | | |
| Street Address: 4730 11TH AVENUE SW | | | Street Address: | | |
| City: NAPLES | State: FL | Zip: 34116 | 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 ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: H CHARLES TAPALIAN | | | Director Name: | | |
| Street Address: 4730 11TH AVENUE SW | | | Street Address: | | |
| City: NAPLES | State: FL | Zip: 34116 | City: | State: | Zip: |
| Director Name: | | | Director Name: | | |
| Street Address: | | | Street Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |

9. Shares Authorized

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 2000 | CNP | $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.

***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 |
|---|---|
| H. CHARLES TAPALIAN | 1/15/21 |

Signature of Authorized Representative

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

**FORM 630 - Revised: 08/2020**