



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 114182		2. Name of Corporation DESTINY PROPERTIES, INC.		
3. Street Address Principal Business Office 4 Greenview Court		City Johnston	State RI	Zip 02919
4. Business Phone No. 401-944-9991		5. State of Incorporation RHODE ISLAND		
5. Brief Description of the Character of Business Conducted in Rhode Island LAND HOLDING COMPANY				
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Joseph V. Zarrella		Vice President Name Joseph V. Zarrella		
Street Address 4 Greenview Court		Street Address 4 Greenview Court		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Secretary Name Joseph V. Zarrella		Treasurer Name Joseph V. Zarrella		
Street Address 4 Greenview Court		Street Address 4 Greenview Court		
City Johnston	State RI	Zip 02919	City Johnston	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name N/A		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class/Series	Par Value	ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
1,000 NO PAR VALUE	common	no par value	-100-	common
				no par value
THIS SECTION MUST BE COMPLETED				

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.



FILED *114182*

File Date JAN 27 2021
 Check No. 2480
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1/15/21
 Signature Date
Joseph V. Zarrella
 Print or Type Name
President
 Title