



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

FILED

FEB 19 2021

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

B- 593 DS

1. Entity ID Number <u>14714</u>			2. Exact name of the Corporation <u>Stoukides Realty, Inc.</u>		
3. Principal Office Address <u>72 Robert Street</u>			City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>mixed rental property</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Anastasia Stoukides</u>			Vice-President Name <u>Helen Stoukides</u>		
Street Address <u>72 Robert Street</u>			Street Address <u>1850 SE 18th Ave. Apt. 1005</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>Ocala</u>	State <u>Florida</u>	Zip <u>34471</u>
Secretary Name <u>Thea S. Mancini</u>			Treasurer Name <u>John A. Stoukides, MD</u>		
Street Address <u>10 Sea Bonnet Dr.</u>			Street Address <u>515 Pine Street</u>		
City <u>Narragansett</u>	State <u>R.I.</u>	Zip <u>02882</u>	City <u>Seckonk</u>	State <u>Ma.</u>	Zip <u>02771</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>none</u>	PAR VALUE <u>none</u>
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 <u>Thea S. Mancini</u>				Date <u>2-17-21</u>	
Signature of Authorized Representative <u>Thea S. Mancini</u>					

MAIL TO:
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