



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

MAR 1 2021

BY 7512

1. Entity ID Number 60264		2. Exact name of the Corporation ANJOLEE, INC.												
3. Principal Office Address 35 CONSTITUTION STREET			City BRISTOL	State RI	Zip 02809									
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, OWN, RENT & DEVELOP REAL ESTATE												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name ANTONETTE MORAN			Vice-President Name JO-ANN PASQUAL											
Street Address 6 WOBURN STREET			Street Address 221 HOPE ST., APT. 9											
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809									
Secretary Name ANALEE TAVARES			Treasurer Name JO-ANN PASQUAL											
Street Address 14 MEADOW LANE			Street Address 221 HOPE ST., APT. 9											
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name ANALEE TAVARES			Director Name JO-ANN PASQUAL											
Street Address 14 MEADOW LANE			Street Address 221 HOPE ST., APT. 9											
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809									
Director Name ANTONETTE MORAN			Director Name											
Street Address 6 WOBURN STREET			Street Address											
City BRISTOL	State RI	Zip 02809	City	State	Zip									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	COMMON	NO PAR			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
300	COMMON	NO PAR												
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 ANTONETTE MORAN				Date 1 - 13 - 21										
Signature of Authorized Representative <i>Antonette Moran</i>														