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State of Rhode Island

Department of State - Business Services Division

MAR 12 2021 SV

BY 1002

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.

1. Entity ID Number	2. Exact name of the Corporation
76122	Al's Way

3. Principal Office Address	City	State	Zip
1551 Centreville Road	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531110	Purchase, sell and lease and develop real estate including purchase and sale of financial instruments.
5. State of Incorporation: RI	

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

President Name	Street Address	City	State	Zip
Antonetta Izzi	9 Nooseneck Hill Road	West Greenwich	RI	02817

Vice-President Name	Street Address	City	State	Zip
Jennifer F. Bennett	174 Highland Avenue	Warwick	RI	02886

Secretary Name	Street Address	City	State	Zip
Antonetta Izzi	9 Nooseneck Hill Road	West Greenwich	RI	02817

Treasurer Name	Street Address	City	State	Zip
Jennifer F. Bennett	174 Highland Avenue	Warwick	RI	02886

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

Director Name	Street Address	City	State	Zip
Antonetta Izzi	9 Nooseneck Hill Road	West Greenwich	RI	02817
Jennifer F. Bennett	174 Highland Avenue	Warwick	RI	02886
Director Name	Street Address	City	State	Zip

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

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

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	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.

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: Antonetta Izzi

Date: March 05-21

Signature of Authorized Representative: Antonetta Izzi

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: 05/2020