



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

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.

MAR 26 2021
BY

1. Entity ID Number 69694		2. Exact name of the Corporation Pela Realty Co.									
3. Principal Office Address 37 Ontario Avenue			City Cranston	State RI	Zip 02920						
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island Purchase, Acquisition and sale of rental & real estate of all types.										
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Polydoros Petrou			Vice-President Name Liza Petrou								
Street Address 37 Ontario Avenue			Street Address 37 Ontario Avenue								
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920						
Secretary Name Liza Petrou			Treasurer Name Polydoros Petrou								
Street Address 37 Ontario Avenue			Street Address 37 Ontario Avenue								
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Polydoros Petrou			Director Name								
Street Address Polydoros Petrou			Street Address								
City Cranston	State RI	Zip 02920	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 Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASSIFIED</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASSIFIED	PAR VALUE	100	COMMON	NO PAR
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100	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 POLYDOROS PETROU					Date 1-28-21						
Signature of Authorized Representative 					SIGN DOCUMENT HERE						

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: 10/2017