RI SOS Filing Number: 202197244010 Date: 5/26/2021 4:00:00 PM

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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 \$

FILED
MAY 2 6 2021

Penalty: Additional \$2:	_			<u> </u>				
Entity ID Number		me of the Corpora						
001702573	PAC Prope	PAC Properties in Receivership, Inc.						
Principal Office Address			City		State	Zıp		
55 Pine Street, 3rd Floor			Providence	2	RI	02903		
4. NAICS Code	6. Brief des	Brief description of the character of business conducted in Rhode Island						
531390	REAL EST	REAL ESTATE						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names a	nd addresses)			Che	eck the box to indic	cate an attachment		
President Name None			Vice-Preside	Vice-President Name				
Street Address			Ctroat Addm	Chrost Address				
Street Address			Street Addres	Street Address				
City	State	Zıp	City		State	Zip		
Secretary Name		<u>. </u>	Tenanusas Na					
Secretary Hame	Secretary Name			Treasurer Name				
Street Address			Street Addres	Street Address				
City	Icera	Tail			To: ·	I-a:		
City	State	Zip	City		State	Zip		
8 List ALL directors (names	and addresses)			Che	ck the box to indi	cate an attachment		
Director Name None			Director Nam	ne				
Street Address			Street Addres	Street Address				
			0001.1.00.01					
City	State	Zip	City		State	Zip		
Director Name	1	I	Director Nam	18				
			555(6) 115	Director Name				
Street Address			Street Addres	Street Address				
City	State	Zıp	City		State	Zıp		
		[-"] ,,		Cidio			
9 Shares Authorized		10 Shares Issued			Check the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SE				
Changes require an additional filing.		100		STK		01		
Changes require an auditional	mmy.							
11. This report must be exec	uted on behalf of th	e corporation by a	an authorized repre	esentative. If the co	orporation is in the	hands of a receiver or		
trustee, this report must be e								
Under penalty of perjury, I statements, and that all sta	geciare and aπirm Itements containe	i tnät i näve exan d herein are true	ninea this report, and correct.	including any acc	companying sch	edules and		
Name of Authorized Representative					Date			
John Dorsey, As and only as Receiver					01/11/2021			
Signature of Authorized, Repr	resentative		· · · · · · · · · · · · · · · · · · ·		1			
17	2							

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov