RI SOS Filing Number: 202199411320 Date: 7/16/2021 4:00:00 PM

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

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

7 1 3 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						<u>, </u>			
1. Entity ID Number	2. Exact name of				रत्वा	, , ,			
	PARK AVENUE REACTY INC.								
3. Principal Office Address	,		City		State	Zip			
785 CHAR		<u> </u>		200.		02904			
	NAICS Code 6. Brief description of the character of business conducted in Rhode Island								
531/90	TO CARRY ON THE BUSINESS								
RHONE Is CONDO									
 List ALL officers (names and add President Name 	iresses)		Nice President		e box to indicate	e an attachment			
President Name	C. Broces Li Vice-President Name Doing C Broces Li					oce > 61			
785 CHP.			Street Address 7 F 5 CHARLES 5 5.						
City PROV.	State R-T	Zip 02504	City \mathcal{T}	R v ン.	State 72	Zip 2904			
Secretary Name	C. Bo	500 3/1	Treasurer Name Double C. Bruccoci						
Street Address Street Address	185 CHPRCAS ST			Street Address 785 CHPRCS 56.					
City PROV.	State	Zip 2904/	City _	ROU-	State T				
8. List ALL directors (names and ad		00,707	<u> </u>						
Director Name	30163363)	<u> </u>	Director Name		ie box to indicati	e an attachment 🔲			
Nº ~ 6			~0 ~ Q.						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
Director Name	>~?	1	Director Name	~	0~3	1			
Street Address	70.2		Street Address	<u> </u>		-			
			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized	<u> </u>	10. Shares Issue	d	Check th	e box to indicate	e an attachment 🔲			
This information is currently of recor	d in the	NUMBER OF SH	IARES	CLASS/SERIES		PAR VALUE			
Department of State. 1,000 Comm NO PAR UPCUR		10	ס			NONE			
Changes require an additional/filing.									
11. This report must be executed or	n behalf of the con	poration by an auti	norized repres	entative. If the comora	ition is in the had	nds of a receiver or			
trustee, this report must be execute	ed on behalf of the	corporation by the	receiver or tre	ustee.					
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 Date									
DAVIDE C. BROCCOCI PRESIDENTED 7.15-2/ Signature of Authorized Representative									
Janlo C. Bronoz: Pro. JUL 16 2021									
	C. 1500	not.	"reg						
MAIL TO:				(). A1	2001				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY OR NODINGS

FORM 630 - Revised: 08/2020