



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

1. Entity ID Number <u>84748</u>		2. Exact name of the Corporation <u>PARK AVENUE REALTY INC.</u>	
3. Principal Office Address <u>785 CHARLES ST.</u>		City <u>PROV.</u>	State <u>RI</u>
		Zip <u>02904</u>	
4. NAICS Code <u>531190</u>	6. Brief description of the character of business conducted in Rhode Island <u>TO CARRY ON THE BUSINESS OF A REALTY COMPANY</u>		
5. State of Incorporation <u>RHODE ISLAND</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>DAVIDA C. BROCCOLI</u>		Vice-President Name <u>DAVIDA C. BROCCOLI</u>	
Street Address <u>785 CHARLES ST.</u>		Street Address <u>785 CHARLES ST.</u>	
City <u>PROV.</u>	State <u>RI</u>	City <u>PROV.</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02904</u>	
Secretary Name <u>DAVIDA C. BROCCOLI</u>		Treasurer Name <u>DAVIDA C. BROCCOLI</u>	
Street Address <u>785 CHARLES ST.</u>		Street Address <u>785 CHARLES ST.</u>	
City <u>PROV.</u>	State <u>RI</u>	City <u>PROV.</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02904</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. <u>1000 COMMON NO PAR VALUE</u> Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>NONE</u>
		PAR VALUE <u>NONE</u>	
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 <u>DAVIDA C. BROCCOLI PRESIDENT</u>		Date <u>7-15-21</u>	
Signature of Authorized Representative <u>David C. Broccoli Pres.</u>		FILED JUL 16 2021	

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

BY CA NDM65
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