



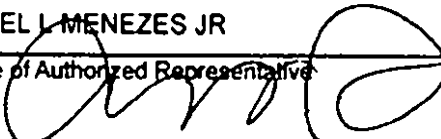
State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2016  
Corporation

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 OCT 19 AM 11:11

- 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 <b>000794447</b>		2. Exact name of the Corporation <b>THE AYLA COMPANY</b>			
3. Principal Office Address <b>81 WHISPERING PINES DRIVE</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
4. NAICS Code <b>531210</b>		6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE ACTIVITIES</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>EMANUEL L MENEZES JR</b>			Vice-President Name <b>SIBEL MENEZES</b>		
Street Address <b>81 WHISPERING PINES DR</b>			Street Address <b>81 WHISPERING PINES DR</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>EMANUEL L MENEZES JR</b>			Treasurer Name <b>EMANUEL L MENEZES JR</b>		
Street Address <b>81 WHISPERING PINES DR</b>			Street Address <b>81 WHISPERING PINES DR</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<b>50,000.00</b>	<b>CNP</b>	<b>\$0.00</b>	
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. <i>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.</i>					
Name of Authorized Representative <b>EMANUEL L MENEZES JR</b>				Date <b>10/18/2021</b>	
Signature of Authorized Representative 				<b>FILED 11:12</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

OCT 19 2021  
BY MB & WJK1