



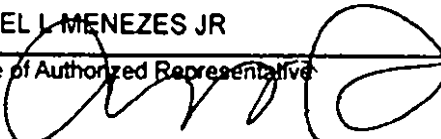
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

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

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