



FILED

Annual Report for the year: 2023
Corporation

JAN 26 2023
BY 3320 *ES*

- Filing period February 1 - May 1
- Filing Fee \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

1 Entity ID Number <u>000045245</u>		2 Exact name of the Corporation <u>Courtyards Ltd</u>			
3 Principal Office Address <u>3980 Main Rd.</u>			City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>
4 NAICS Code <u>453220</u>		6 Brief description of the character of business conducted in Rhode Island <u>Retail sale of handmade gift items</u>			
5 State of Incorporation <u>RI</u>					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name <u>Sharon L. Prazak</u>			Vice President Name <u>Dean L. Prazak</u>		
Street Address <u>677 Neck Rd.</u>			Street Address <u>677 Neck Rd.</u>		
City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>
Secretary Name <u>Wendy L. Prazak</u>			Treasurer Name <u>Dean L. Prazak</u>		
Street Address <u>13 Clara Rd.</u>			Street Address <u>677 Neck Rd.</u>		
City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>
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		CLASSIFICATION
			<u>8000</u>		<u>STK</u>
					<u>1.00</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>Sharon L. Prazak</u>				Date <u>1/30/23</u>	
Signature of Authorized Representative <i>Sharon L. Prazak</i>					

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