



State of Rhode Island  
Department of State - Business Services Division

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) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
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) <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		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:  
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