



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

STAMP

FEB 01 2023

2910

- 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 000067759		2. Exact name of the Corporation Pentagon Properties, Inc.			
3. Principal Office Address 115 Pettaconsett Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 53 1110		6. Brief description of the character of business conducted in Rhode Island Real Estate - Rental and Leasing			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rebecca S. Rafaelian - Caruolo			Vice-President Name Carolyn A. Rafaelian		
Street Address 115 Pettaconsett Avenue			Street Address 115 Pettaconsett Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Rebecca S. Rafaelian - Caruolo			Treasurer Name Rebecca S. Rafaelian - Caruolo		
Street Address 115 Pettaconsett Avenue			Street Address 115 Pettaconsett Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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
			200		Class C Common
					PAR VALUE
					No Par
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 Rebecca S. Rafaelian - Caruolo					Date (1-29-2023)
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov