



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 01 2023 *SV*

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1. Entity ID Number 11603		2. Exact name of the Corporation PARK AVENUE SPORTS CENTER, INC.				
3. Principal Office Address 281 Meadow Lane		City Middletown		State RI	Zip 02842	
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real Estate				
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 Barbara J. Bogosian			Vice-President Name James Bogosian, Jr.			
Street Address 281 Meadow Lane			Street Address 281 Meadow Lane			
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842	
Secretary Name James Bogosian, Jr.			Treasurer Name Kimberly Pereira			
Street Address 281 Meadow Lane			Street Address 281 Meadow Lane			
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		1,000	Common	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 Barbara J. Bogosian				Date ✓ 1/27/2023		
Signature of Authorized Representative <i>Barbara J. Bogosian</i>						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised