RI SOS Filing Number: 202328566750 Date: 2/10/2023 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2023

**STAMP** 

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.					E 25 2 Y 65 G.		
1 Entity ID Number 000151689	2 Exact nan SPRO I	ne of the Corporation I, Inc.	1		2023 FEB 10 ₱ 1: 32		
3. Principal Office Address 1414 Atwood Avenue			C ty Johnston		State RI	Zip 02919	
4. NAICS Code 531390 5. State of Incorporation		6. Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate					
7. List Al.L officers (names a	nd addresses)	<del>-</del> -		Chec	k the box to	indicate an attachment	
President Name Kelly M. C	Vice-President Name Sheryl Carpionato						
Street Address 1414 Atwood	Street Address 1414 Atwood Avenue						
<sup>City</sup> Johnston	State RI	<sup>Zip</sup> 02919		<sup>City</sup> Johnston		<sup>Z<sub>1</sub>p</sup> 02919	
Secretary Name Angelo Marocco, Esq			Treasurer Name Kelly M. Coates				
Street Address 1200 Reservoir Avenue			Street Address 1414 Atwood Avenue				
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920	<sup>C ty</sup> Johnston		State R	<sup>Zıp</sup> 02919	
8. List ALL cirectors (names	and addresses)		•		k the box to	indicate an attachment	
Director Name			Director Name	9			
Street Address			Street Address				
City	State	Zip	C ty		State	Zip	
Director Name			D rector Name				
Street Address			Street Address				
City	S:ate	Zip	City		State	Zip	
9. Shares Author zed		10. Shares Iss	10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF	SHARES	CLASS/SERIES PAR VALUE		PAR VALUE	
		100		Common		No Par Value	
, <b></b>	· ······g,	1					
11. This report must be exect trustee, this report must be e	executed on behalf o	f the corporation by	the receiver or t	rustee.			
Under penalty of perjury, I statements, and that all sta				including any acco	ompanying s	schedules and	
Name of Authorized Representative				FILED \	Date	1/30/2023	
Signature of Authorized Repo	rosentative.	outer to	render	FEB 1 0 2	023	. ,	
MAIL TO:			. ·	Rui.			

Division of Business Services

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

Phone: (401) 222-3040 Website: www.scs.n.gov