



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.

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
FOR 1
OFFICE OF STATE
SECRETARY ONLY

1. Entity ID Number 000019956		2. Exact name of the Corporation Integrated Properties II, Inc.		2023 FEB 10 12 13 32	
3. Principal Office Address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kelly M. Coates			Vice-President Name Sheryl Carpiolato		
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Angelo Marocco, Esq			Treasurer Name Kelly M. Coates		
Street Address 1200 Reservoir Avenue			Street Address 1414 Atwood Avenue		
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919
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 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	
		100		Comon	
				No Par Value	
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 Kelly Coates				Date 11/30/2023	
Signature of Authorized Representative <i>Kelly M. Coates President</i>				FILED 11448	

MAIL TO:
Division of Business Services
146 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3940
Website: www.sos.ri.gov

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BY 11448