



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023

FEB 13 2023

Corporation

BY 5802
RB

- 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 000016520 | | 2. Exact name of the Corporation Pelham East, Inc. | | | |
| 3. Principal Office Address 270 Thames St. | | | City Newport | State RI | Zip 02840 |
| 4. NAICS Code 531390 | | 6. Brief description of the character of business conducted in Rhode Island Real Estate Holding Company | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Gary J. Kilroy | | | Vice-President Name Christopher M. Kilroy | | |
| Street Address 285 Third Beach Rd. | | | Street Address 33 Fenner Ave. | | |
| City Middletown | State RI | Zip 02842 | City Newport | State RI | Zip 02840 |
| Secretary Name | | | Treasurer Name Cameron M. Kilroy | | |
| Street Address | | | Street Address 45 East Bowery St. | | |
| City | State | Zip | City Newport | State RI | Zip 02840 |
| 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 | |
| | | PAR VALUE | | | |
| | | 800 | CNP | \$0 | |
| | | | | | |
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative Gary J. Kilroy | | | | Date 2/6/23 | |
| Signature of Authorized Representative  | | | | | |