



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2023

Filing Period: ^{Feb. 1 - May 1} January 1 - March 31 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by
law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 114182		2. Name of Corporation DESTINY PROPERTIES, INC.	
3. Street Address Principal Business Office 4 Greenview Court		City Johnston	State RI
4. Business Phone No. 401-944-9991		5. State of Incorporation RHODE ISLAND	

6. Brief Description of the Character of Business Conducted in Rhode Island
LAND HOLDING COMPANY

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Joseph V. Zarrella			Vice President Name Joseph V. Zarrella		
Street Address 4 Greenview Court			Street Address 4 Greenview Court		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Joseph V. Zarrella			Treasurer Name Joseph V. Zarrella		
Street Address 4 Greenview Court			Street Address 4 Greenview Court		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name N/A			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 ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE common	no par value	-100-	common	no par value
THIS SECTION MUST BE COMPLETED					

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.



114182

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 14 2023
BY *[Signature]*

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.

[Signature] **Joseph V. Zarrella**
Signature
Date **2/4/23**
Print or Type Name
President
Title