

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.

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1. Entity ID Number 000002247	2. Exact name of the Corporation BELMONT SHOPPERS PARK, INC.						
3. Principal Office Address 68 South Road			City Wakefield	<del></del>		<sup>Zip</sup> 02879	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531390	Real Estate Development						
5. State of Incorporation RI		,					
7. List ALL officers (names and ac	dresses)				e box to in	dicate an attachment 🔟	
President Name Shirley M. Siravo			Vice-President Name Lisa Siravo Biafore				
Street Address 68 South Road			Street Address 68 South Road				
<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	<sup>City</sup> Wakefield		State RI	<sup>Zip</sup> 02879	
Secretary Name Lisa Siravo Bi	1						
Street Address 68 South Road		Street Address 68 South Road					
<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	City Wakefield		State RI		
8. List ALL directors (names and	addresses)			Check t	ne box to it	ndicate an attachment 🔲	
Director Name Shirley M. Siravo		Director Name					
Street Address 68 South Road		Street Address					
<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	City		State	Zip	
Director Name Director Name							
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Sheres Authorized				the box to indicate an attachment 🔲			
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SE				
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Changes require an additional filin							
11. This report must be executed	stad on habalf o	f the corporation by i	the receiver of it	usi <del>ee</del> .			
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					Date		
Lisa Siravo Biafore					lá	17/23	
Signature of Authorized Represe	ntative					/	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

### STATE OF RHODE ISLAND ANNUAL REPORT FOR THE YEAR 2023

# BELMONT SHOPPERS PARK, INC. Corporate ID No. 2247

#### EXHIBIT A

## Additional Officers.

Name:

Debra Siravo Manni

Title:

Vice President

Address:

68 South Road

Wakefield, RI 02879

Name:

Vincent J. Siravo, Jr.

Title:

Vice President

Address:

68 South Road

Wakefield, RI 02879