



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP
 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2023 FEB 24 A 11:00

1. Entity ID Number 000052954		2. Exact name of the Corporation PARK AVENUE INVESTMENTS, INC.			
3. Principal Office Address 1278 PARK AVENUE		City CRANSTON		State RI	Zip 02920
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL AND INVEST IN REAL LAND AND PERSONAL PROPERTY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID M. NARDOLILLO			Vice-President Name ANGELO M. NARDOLILLO		
Street Address 85 GATEWAY ROAD			Street Address 114 CREST DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City CRANSTON	State RI	Zip 02921
Secretary Name DAVID M. NARDOLILLO			Treasurer Name ANGELO M. NARDOLILLO		
Street Address 85 GATEWAY ROAD			Street Address 114 CREST DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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
			1	CLASS A COMMON	NONE
			99	CLASS B COMMON	NONE
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 DAVID M. NARDOLILLO				Date 2/13/23	
Signature of Authorized Representative <i>David M. Nardolillo</i>			SIGN DOCUMENT HERE FILED		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 24 2023
 BY ML SEMOR