RI SOS Filing Number: 202329591300 Date: 2/24/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

| Annual | Report for | the | year: |
|---------|------------|-----|-------|
| Corpora | | | |

2023

→ 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 | 2. Exact name of the Corporation | | | | | | | |
|---|---|----------------------|--|--------------------------|--------------|----------------------------|--|--|
| 35364 | | Properties, Inc | | | | | | |
| 3. Principal Office Address | | | City | | State | Zip | | |
| 41 High Gate Road | | | Cranstor | 1 | RI | 02920 | | |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | | | | | |
| 531190 | Real estate | | | | | | | |
| 5. State of Incorporation | 7 | | | | | | | |
| Rhode Island | | | | | | | | |
| 7. List ALL officers (names and ad | dresses) | | • | | the box to i | ndicate an attachment | | |
| President Name Andreas Andreopoulos | | | Vice-President Name Marie Andreopoulos | | | | | |
| Street Address 41 High Gate Road | | | Street Address 41 High Gate Road City Cranston State RI City Cranston | | | | | |
| ^{City} Cranston | State RI | ^{Zip} 02920 | ^{City} Crans | ^{City} Cranston | | ^{Zip} 02920 | | |
| Secretary Name Andreas Andreopoulos | | | Treasurer Name Marie Andreopoulos | | | | | |
| Street Address 41 High Gate Road | | | Street Address 41 High Gate Road | | | | | |
| ^{City} Cranston | State RI | ^{Zip} 02920 | | City Cranston | | ^{Zip} 02920 | | |
| 8. List ALL directors (names and a | ddresses) | | 1 | Check | the box to i | ndicate an attachment | | |
| Andreas Andreopoulos | | | Director Name None | | | | | |
| Street Address 41 High Gate Road | | | Street Address | | | | | |
| ^{City} Cranston | State RI | ^{Zip} 02920 | City | | State | Zip | | |
| Director Name None | | | Director Name None | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | | State | Zip | | |
| 9. Shares Authorized | es Authorized 10. Shares Issi | | | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIFS PAR VALUE | | | | |
| | | 100 | | Common | | No Par Value | | |
| | | | | | | | | |
| 11. This report must be executed of | on behalf of the | corporation by an a | uthorized repre | sentative. If the corpo | ration is in | the hands of a receiver or | | |
| trustee, this report must be execut | | | | | | nhadulas and | | |
| Under penalty of perjury, I decla statements, and that all stateme | | | • | including any accom | ipanying s | cnequies and | | |
| Name of Authorized Representative | | | | | | Date | | |
| Andreas Andreopoulos | | | | | | 2-23-23 | | |
| Signature of Authorized Represen | tative | | | | | | | |
| I Total | | | | | | | | |

MAIL TO:

Division of Business Services

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

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