



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

STAMP

- 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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RI DEPT. OF STATE
BUS. SVCS. DIV.

2023 MAR 23 P 3:10

1. Entity ID Number 1665410		2. Exact name of the Corporation Lefas Park Ave Realty, Inc.			
3. Principal Office Address 1738 Main Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 521190		6. Brief description of the character of business conducted in Rhode Island To hold and manage real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elias D. Lefas			Vice-President Name Elias D. Lefas		
Street Address 1738 Main Street			Street Address 1738 Main Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Elias D. Lefas			Treasurer Name Elias D. Lefas		
Street Address 1738 Main Street			Street Address 1738 Main Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Elias D. Lefas			Director Name		
Street Address 1738 Main Street			Street Address		
City West Warwick	State RI	Zip 02893	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
			100		Common
					PAR VALUE
					No Par Value
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 Elias D. Lefas				Date 3-22-2023	
Signature of Authorized Representative 				BY <u>3852</u>	

FILED 710

MAR 23 2023

BY

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