



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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R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2023 MAR 24 A 10:51

1. Entity ID Number <u>000542074</u>		2. Exact name of the Corporation <u>Palma Property Manage. Corp.</u>	
3. Principal Office Address <u>200 Oaklawn Ave</u>		City <u>Cranston</u>	State <u>RI</u>
4. NAICS Code <u>531390</u>		6. Brief description of the character of business conducted in Rhode Island <u>Buy, sell, hold, repair & manage real estate owned by the corp.</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Persio Quinonez</u>		Vice-President Name <u>Consuelo Quinonez</u>	
Street Address <u>200 Oaklawn Ave.</u>		Street Address <u>200 Oaklawn Ave</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02920</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>100</u>	
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 <u>Consuelo Quinonez</u>		Date <u>3/24/22</u>	
Signature of Authorized Representative <u>[Signature]</u>		FILED	

MAR 24 2023

BY ML 3747