



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.

RECEIVED
 RI DEPT. OF STATE
 BUS SVCS DIV.
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1. Entity ID Number 15629	2. Exact name of the Corporation WALNUT PROPERTIES INC.
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2023 APR -5 A 9-01

3. Principal Office Address 27 Walnut Street	City North Providence	State RI	Zip 02904
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4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island To buy, sell, manage and lease real estate and any other lawful business.
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 Kenneth A. Ventura			Vice-President Name Kenneth A. Ventura		
Street Address 27 Walnut Street			Street Address 27 Walnut Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Kenneth A. Ventura			Treasurer Name Kenneth A. Ventura		
Street Address 27 Walnut Street			Street Address 27 Walnut Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth A. Ventura			Director Name		
Street Address 27 Walnut Street			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. <small>Changes require an additional filing.</small>	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	25	Common	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 Kenneth A. Ventura	Date 2/1/23
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Signature of Authorized Representative <i>Kenneth A. Ventura</i>	FILED
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APR 05 2023
 BY ML 406

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