



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.

STAMP

 RECEIVED
 2023 APR 5 4 00 PM
 RI SOS SVCS DIV

1. Entity ID Number 7982		2. Exact name of the Corporation QUEENIE BROWN CORPORATION		2023 APR -5 4 00 PM	
3. Principal Office Address 27 Walnut Street			City North Providence	State RI	Zip 02904
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. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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 2/1/2023
Signature of Authorized Representative <i>Kenneth A. Ventura</i>					

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

 APR 05 2023
 BY *ML 406*

FORM 630 - Revised: 11/2021