



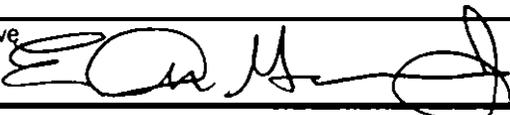
State of Rhode Island

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.

RECEIVED STAMP
 R.I. DEPT. OF STATE
 BUSINESS SERVICES DIV.
 2023 APR -5 A 9:00

| | | | | | |
|---|--------------------|--|---|----------------------|--------------------------|
| 1. Entity ID Number 95778 | | 2. Exact name of the Corporation City Line Development, Inc. | | | |
| 3. Principal Office Address 11 Knight Street, Bldg E19 | | | City Warwick | State RI | Zip 02886 |
| 4. NAICS Code 531110 | | 6. Brief description of the character of business conducted in Rhode Island The purchase, sale, leasing and management of 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 Earl M. Greco, Jr. | | | Vice-President Name Kristen Greco | | |
| Street Address 11 Knight Street, Bldg E19 | | | Street Address 11 Knight Street, Bldg E19 | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| Secretary Name Michael Greco | | | Treasurer Name Earl M. Greco, Jr. | | |
| Street Address 11 Knight Street | | | Street Address 11 Knight Street, Bldg E19 | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name None | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 | | PAR VALUE |
| | | | 400 | Class A Commo | 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 Earl M. Greco, Jr. | | | | | Date 2/10/2023 |
| Signature of Authorized Representative  | | | 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