



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.

FILED

APR 10 2023

BY

1. Entity ID Number 000115104		2. Exact name of the Corporation PARKSIDE REALTY CORP.	
3. Principal Office Address 23 ELBOW STREET		City WOONSOCKET	State RI
		Zip 02895	
4. NAICS Code 531120	6. Brief description of the character of business conducted in Rhode Island BUYING, LEASING AND OTHERWISE ACQUIRING REAL ESTATE OF EVERY KIND AND DESCRIPTION. DEAL IN REAL ESTATE.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RUSSELL S. CARPENTIER		Vice-President Name NONE	
Street Address 19 RICHARDSON CLEARING TRAIL		Street Address	
City CHEPACHET	State RI	Zip 02814	
Secretary Name ANNETTE M. CARPENTIER		Treasurer Name ANNETTE M. CARPENTIER	
Street Address 19 RICHARDSON CLEARING TRAIL		Street Address 19 RICHARDSON CLEARING TRAIL	
City CHEPACHET	State RI	Zip 02814	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.			
10. Shares Issued		CLASS/SERIES	
NUMBER OF SHARES 500		PAR VALUE \$1.00	
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 Annette M. Carpentier		Date 4/7/23	
Signature of Authorized Representative Annette M. Carpentier			

MAIL TO:

Division of Business Services

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