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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Panelty: Additional \$25.00	A fee if form is not	filed by May 31				<u></u>	
Penalty: Additional \$25.00 I. Entity ID Number	5.00 fee if form is not filed by May 31. 2. Exact name of the Corporation						
•	Park Ave						
001748503	Talk Ave	- OOIP	Ton		State	Zip	
Principal Office Address			City		State	02871	
385 Park Ave			Portsm		RI	02071	
I. NAICS Code	6. Brief descrip	tion of the characte	er of busines	s conducted in Rh	node Island		
531390		Real Estate Management					
	-						
5. State of Incorporation	1						
Rhode Island				Obaile	the how to indicate a	n attachment [
7. List ALL officers (names and a	Check the box to indicate an attachment U						
President Name Jesus Sosa							
	Street Address						
Street Address 385 Park Ave			10.	17:2			
Portsmouth	State RI	^{Z_{IP}} 02871	City		State	Zıp	
			Treasurer	Name			
Secretary Name Jesus Sosa			Treasurer Name Jesus Sosa				
			Street Address 385 Park Ave				
Street Address 385 Park Ave							
Portsmouth	State RI	^{Z_{ip}} 02871	Cily Port	tsmouth	State RI	^{Z_{ip}} 02871	
8. List ALL directors (names and	d addresses)		_	Check	the box to indicate a	n attachment 🔲	
Dispetos Nipmo			Director Na	ame			
Jesus Sosa	<u></u>						
Street Address 385 Park Ave			Street Add	ress			
	State	Izin	City		State	Zıp	
Portsmouth	State RI	^{Z₁p} 02871],				
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
City	State	-"				l	
9. Shares Authorized		10. Shares Iss			k the box to indicate	an attachment PAR VALUE	
This information is currently of record in the			F SHARES CLASS/SE			1,12,0	
Department of State.		100		CWP	\$1.	υυ 	
Changes require an additional fil	ing.			<u> </u>			
				4-1	n normaration is in the	hands of a re-	
11. This report must be execute	ed on behalf of the	corporation by an a	outhorized re	presentative. If the	e corporation is in the e	i nanus vi a ter	
ceiver or trustee, this report mu Under penalty of perjury, I de	ist be executed on	benali of the corpo	ed this repo	rt, including any	accompanying sch	edules and	
under penalty of perjury, i de statements, and that all state	ments contained	herein are true an	d correct.				
Name of Authorized Representative					Date	1-	
Lerus Josa O					6/20	7/23	
Signature of Authorized Repres	-1/ 1/ 1/ 1					-	
Signature of Authorized Repres	//	X					
	/ / / .	/ <u> </u>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov