



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.

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| | | | | | |
|--|--------------------|---|---|--------------------|-------------------------|
| 1. Entity ID Number 3889 | | 2. Exact name of the Corporation Central Falls Realty Corp. | | | |
| 3. Principal Office Address 141 Terrace Avenue | | | City Riverside | State RI | Zip 02915 |
| 4. NAICS Code 531311 | | 6. Brief description of the character of business conducted in Rhode Island real estate and investments | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name J. David Kumiega | | | Vice-President Name Maria Kumiega | | |
| Street Address 141 Terrace Avenue | | | Street Address 141 Terrace Avenue | | |
| City Riverside | State RI | Zip 02915 | City Riverside | State RI | Zip 02915 |
| Secretary Name | | | Treasurer Name David Kumiega | | |
| Street Address | | | Street Address 141 Terrace Avenue | | |
| City | State | Zip | City Riverside | State RI | Zip 02915 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name J. David Kumiega | | | Director Name Maria Kumiega | | |
| Street Address 141 Terrace Avenue | | | Street Address 141 Terrace Avenue | | |
| City Riverside | State RI | Zip 02915 | City Riverside | State RI | Zip 02915 |
| Director Name David Kumiega | | | Director Name | | |
| Street Address 141 Terrace Avenue | | | Street Address | | |
| City Riverside | State RI | Zip 02915 | 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 | | CLASS/SERIES | PAR VALUE |
| | | 100 | | | 0.00 |
| | | | | | |
| 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 J. David Kumiega | | | | | Date 12/26/23 |
| Signature of Authorized Representative J. David Kumiega | | | | | |
| | | | DEC 28 2023 BY QAKSQ | | |

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov