



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGOS BSD
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Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000247821		2. Exact name of the Corporation 2377 PAWTUCKET AVENUE ASSOCIATES INC.						
3. Principal Office Address 2377 PAWTUCKET AVENUE				City EAST PROVIDENCE		State RI	Zip 02914	
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island OWN AND MANAGE REAL ESTATE						
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 CYNTHIA C. KAPLAN				Vice-President Name EDWARD P. MANNING				
Street Address 2377 PAWTUCKET AVENUE				Street Address 2377 PAWTUCKET AVENUE				
City EAST PROVIDENCE		State RI	Zip 02914		City EAST PROVIDENCE		State RI	Zip 02914
Secretary Name DANIEL S. KAPLAN				Treasurer Name EDWARD P. MANNING				
Street Address 2377 PAWTUCKET AVENUE				Street Address 2377 PAWTUCKET AVENUE				
City EAST PROVIDENCE		State RI	Zip 02914		City EAST PROVIDENCE		State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>								
Director Name				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		CLASS/SERIES		PAR VALUE	
			5000		STK		\$0.0100	
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 Cynthia C. Kaplan, President							Date 02/09/24	
Signature of Authorized Representative <i>Cynthia C. Kaplan</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

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