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State of Rhode Island
Department of State - Business Services Division

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 000089701		2. Exact name of the Corporation PRIME TIME PROPERTIES, INC.			
3. Principal Office Address 498 BROADWAY			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN PURCHASE, SALE, LEASE, BROKERAGE, MANAGEMENT AND INVESTMENT OF 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 FRANK S. MIELE			Vice-President Name FRANK S. MIELE		
Street Address 498 BROADWAY			Street Address 498 BROADWAY		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name FRANK S. MIELE			Treasurer Name FRANK S. MIELE		
Street Address 498 BROADWAY			Street Address 498 BROADWAY		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NONE
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 FRANK S. MIELE				Date 2/7/24	
Signature of Authorized Representative <i>[Signature]</i>				FILED MAR 04 2024 2/7/24	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY C292R
BY [Signature]