



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

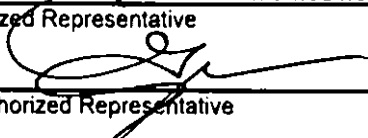
Corporation

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

FILED

MAR 04 2024

BY 4/5 OS

| | | | | | |
|--|-----------------|--|---|-------------------------------|----------------------------|
| 1. Entity ID Number 000101856 | | 2. Exact name of the Corporation 1178-1194 Pontiac Avenue, Inc. | | | |
| 3. Principal Office Address c/o GJS Management; 858 Washington Street | | City Dedham | | State MA | Zip 02826 |
| 4. NAICS Code 531390 | | 6. Brief description of the character of business conducted in Rhode Island To acquire equity interest in and serve as a member of 1178-1194 Pontiac Avenue, LLC, a Rhode Island limited liability company | | | |
| 5. State of Incorporation Delaware | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name John R. Salvatore | | | Vice-President Name Gregory J. Salvatore | | |
| Street Address 858 Washington Street | | | Street Address 858 Washington Street | | |
| City Dedham | State MA | Zip 02826 | City Dedham | State MA | Zip 02826 |
| Secretary Name Gregory J. Salvatore | | | Treasurer Name John R. Salvatore | | |
| Street Address 858 Washington Street | | | Street Address 858 Washington Street | | |
| City Dedham | State MA | Zip 02826 | City Dedham | State MA | Zip 02826 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name John R. Salvatore | | | Director Name Gregory J. Salvatore | | |
| Street Address 858 Washington Street | | | Street Address 858 Washington Street | | |
| City Dedham | State MA | Zip 02826 | City Dedham | State MA | Zip 02826 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 100 | CLASS/SERIES Common | 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  | | | | | Date 2-22-24 |
| Signature of Authorized Representative | | | | | |

MAIL TO:
Division of Business Services
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