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MAR 0 4 2024
BY 1123

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	2. Exact name of the Corporation		
000002247	BELMONT SHOPPERS PARK, INC.		
3. Principal Office Address	City	State	Zip
68 South Road	Wakefield	RI	02879
4. NAICS Code: 531390	6. Brief description of the character of business conducted in Rhode Island: Real Estate Development		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Shirley M. Siravo			Vice-President Name: Lisa Siravo Biafore		
Street Address: 68 South Road			Street Address: 68 South Road		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879
Secretary Name: Lisa Siravo Biafore			Treasurer Name: Shirley M. Siravo		
Street Address: 68 South Road			Street Address: 68 South Road		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☒

Director Name: Shirley M. Siravo			Director Name:		
Street Address: 68 South Road			Street Address:		
City: Wakefield	State: RI	Zip: 02879	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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
400	common	no par

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: Lisa Siravo Biafore — Date: 2/21/24

Signature of Authorized Representative:

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