



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 07 2024

BY 27608Annual 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 <u>000014714</u>		2. Exact name of the Corporation <u>STOUKIDES REALTY, INC.</u>			
3. Principal Office Address <u>10 SEA BONNET DRIVE</u>		City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>	
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>MIXED RENTAL PROPERTY</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>ROXANNE GORDON</u>		Vice-President Name <u>HELEN STOUKIDES</u>			
Street Address <u>399 LLOYD AVENUE</u>		Street Address <u>89 BARSTOW ROAD</u>			
City <u>PROVIDENCE,</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>
Secretary Name <u>THOMAS MANCINI</u>		Treasurer Name <u>JOHN STOUKIDES</u>			
Street Address <u>10 SEA BONNET DRIVE</u>		Street Address <u>515 PINE STREET</u>			
City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>	City <u>SPEAKERS</u>	State <u>MA</u>	Zip <u>02771</u>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>NONE</u>		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. <u>500</u> Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES <u>100</u>		CLASS/SERIES <u>CNP</u>	PAR VALUE <u>0.00</u>
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 <u>WILLIAM KAPOIS</u>				Date <u>2/25/24</u>	
Signature of Authorized Representative <u>William Kapos</u>					