



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.

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FOR  
SECRETARY OF STATE  
U.S.C. ONLY

1. Entity ID Number 000052954		2. Exact name of the Corporation PARK AVENUE INVESTMENTS, INC.			
3. Principal Office Address 1278 PARK AVENUE		City CRANSTON		State RI	Zip 02920
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL AND INVEST IN REAL LAND AND PERSONAL PROPERTY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name DAVID M. NARDOLILLO			Vice-President Name ANGELO M. NARDOLILLO		
Street Address 85 GATEWAY ROAD			Street Address 114 CREST DRIVE		
City NORTH KINGSTOW	State RI	Zip 02852	City CRANSTON	State RI	Zip 02921
Secretary Name DAVID M. NARDOLILLO			Treasurer Name ANGELO M. NARDOLILLO		
Street Address 85 GATEWAY ROAD			Street Address 114 CREST DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1	CLASS A COMMON	NONE	
		99	CLASS B COMMON	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 DAVID M. NARDOLILLO					Date 3-4-24
Signature of Authorized Representative <i>David M. Nardolillo</i>					FILED FILED
MAR 12 2024					

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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