



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 18 2024
BY 533
[Signature]

1. Entity ID Number 000294621		2. Exact name of the Corporation Pearl Street Condominium, Inc.			
3. Principal Office Address 51B Pearl Street			City Westerly	State RI	Zip 02891
4. NAICS Code 813990		6. Brief description of the character of business conducted in Rhode Island Condo Association			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David G Kalil			Vice-President Name David G Kalil		
Street Address 51B Pearl Street			Street Address 51B Pearl Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name David G Kalil			Treasurer Name David G Kalil		
Street Address 51B Pearl Street			Street Address 51B Pearl Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David G Kalil			Director Name		
Street Address 51B Pearl Street			Street Address		
City Westerly	State RI	Zip 02891	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			2000	STK	\$0.0000
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 G Kalil					Date 2-27-2023
Signature of Authorized Representative <i>[Signature]</i>					