



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
APR X 1 2024 *o*
BY 17112

1. Entity ID Number 001681228	2. Exact name of the Corporation PROPERTY VENTURES, INC.
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3. Principal Office Address 104 John Street	City Providence	State RI	Zip 02906
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4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island real estate acquisition and management
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Riley White			Vice-President Name Riley White		
Street Address 104 John Street			Street Address 104 John Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Riley White			Treasurer Name Riley White		
Street Address 104 John Street			Street Address 104 John Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	50	common	\$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 Riley White, President	Date 3/1/2024
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Signature of Authorized Representative
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov