



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.

APR 10 2024

132

or

1. Entity ID Number 1735100		2. Exact name of the Corporation LA DIVA HOMZ LTD			
3. Principal Office Address 14 WALKER AVENUE			City LINCOLN	State RI	Zip 02865
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE REAL ESTATE ADVICE TO BUYERS AND SELLERS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GARY JACQUES			Vice-President Name SAME		
Street Address 14 WALKER AVENUE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	COMMON	\$1
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 GARY JACQUES					Date 4/5/2024
Signature of Authorized Representative 					