



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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STAMP
FOR SECRETARY OF STATE
USE ONLY

1. Entity ID Number 1665410	2. Exact name of the Corporation Lefas Park Ave Realty, Inc.
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3. Principal Office Address 1738 Main Street	City West Warwick	State RI	Zip 02893
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4. NAICS Code 521190	6. Brief description of the character of business conducted in Rhode Island To hold and manage real estate
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 Elias D. Lefas		Vice-President Name Elias D. Lefas			
Street Address 1738 Main Street		Street Address 1738 Main Street			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Elias D. Lefas		Treasurer Name Elias D. Lefas			
Street Address 1738 Main Street		Street Address 1738 Main Street			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Elias D. Lefas		Director Name			
Street Address 1738 Main Street		Street Address			
City West Warwick	State RI	Zip 02893	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.	100	Common	No Par Value

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 Elias D. Lefas	Date 4-12-2024
Signature of Authorized Representative 	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
APR 19 2024
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