RI SOS Filing Number: 202454660650 Date: 5/20/2024 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the	MAY 2:0 2024 Or 14407						
Corporation —————							
→ Filing period: January 1 - March 1 → Filing Fee. \$50.00							
→ Penalty: Additional \$25	i.00 fee if form is n	ot filed by April 1.					
1 Entity ID Number	2 Exact nam	ne of the Corporatio	n	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
74905	Pawtucket .	Avenue Properties	i, Inc.				
3 Principal Office Address			City		State	Zip	
260 Pawtucket Avenue		Pawtucket		RI	02860		
4 NAICS Code	Brief description of the character of business conducted in Rhode Island						
53111	Deal in and	Deal in and with real and personal property.					
5 State of Incorporation Rhode !sland	1						
					Alua Inalia Anamad		
7. List ALL officers (names ar President Name Daniel Daluz	id addresses)		Vice-President	Name		icate an attachment	
	Daniel Daluz						
Street Address 260 Pawtucket Avenue			Street Address 260 Pawtucket Avenue				
City Pav/tucket	State RI	Z1-2 028 <b>60</b>	City Pawtucket		State RI	<sup>Ζιρ</sup> 02860	
Secretary Name Daniel Daluz			Treasurer Name Daniel Daluz				
Street Address 260 Pawtticket Avenue			Street Address 260 Pawlucket Avenue				
City Pawtucket	State RI	Ž <sup>(2)</sup> 02860	City Pawtucket		State RI	Z <sub>IP</sub> 02860	
8 List ALL directors (names a	and andresses)		· · · · · · · · · · · · · · · · · · ·		the box to ind	icate an attachment	
Director Name  Daniel Daluz			Director Name				
Street Acdress 260 Pawtticket Avenue			Street Address				
City Pavvtucket	State RI	Z12 02 <b>860</b>	City		State	Ζιp	
Director Name			Director Name			<u> </u>	
Street Acdress	Street Address						
City	State	710	City		State	Zıp	
Shares Authorized	,	10. Shares Iss				icate an attachment	
This information is currently of Department of State.			FISHARES COMMON				
Change: require an additional filing.		100				No Par —————————	
11. This report must be executrustee, this report must be ex					oration is in the	hands of a receiver or	
Under penalty of perjury, I d	declare and affirm	that I have examin	ed this report, ir		mpanying sch	edules and	
statements, and that all statements of Authorized Representations.		l her sin are true ar	nd correct.		Date		
Daniel Daluz						5-15-24	
Signature of Authorized Repri	esentative				1.		
Van Uhm		7 ( ) 10	est (ME)				
<u> L————</u>			· .			· · ·	

MAIL TO

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov