



**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.

REC'D: R1005 650
24 MAY 23 AM 10:15:00

| | | | | | |
|--|--------------------|---|---|--|--|
| 1. Entity ID Number 001664622 | | 2. Exact name of the Corporation The VJ Parkway Corporation | | | |
| 3. Principal Office Address 1111 North Gulfstream Avenue, Unit 9D | | | City Sarasota | State FL | Zip 34236 |
| 4. NAICS Code 531390 | | 6. Brief description of the character of business conducted in Rhode Island Own Real Estate | | | |
| 5. State of Incorporation FL | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Valerie J. Daniels | | | Vice-President Name | | |
| Street Address 1111 N. Gulfstream Avenue, Unit 9D | | | Street Address | | |
| City Sarasota | State FL | Zip 34236 | City | State | Zip |
| Secretary Name Valerie J. Daniels | | | Treasurer Name Valerie J. Daniels | | |
| Street Address 1111 N. Gulfstream Avenue, Unit 9D | | | Street Address 1111 N. Gulfstream Avenue, Unit 9D | | |
| City Sarasota | State FL | Zip 34236 | City Sarasota | State FL | Zip 34236 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name | | | 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 | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | |
| | | 100 | | 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. <i>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.</i> | | | | | |
| Name of Authorized Representative Valerie J. Daniels | | | | Date 4-22-2024 | |
| Signature of Authorized Representative <i>Valerie J. Daniels, President</i> | | | | FILED MAY 23 2024 BY X68LX AA | |

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