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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
001664622	The VJ Parkway Corporation

3. Principal Office Address	City	State	Zip
1111 North Gulfstream Avenue, Unit 9D	Sarasota	FL	34236

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	Own Real Estate
5. State of Incorporation	
FL	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	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.

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	Date
Valerie J. Daniels, President	11/30/23
Signature of Authorized Representative	

Valerie J. Daniels, President
Valerie J. Daniels, Trustee

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
MAY 23 2024
BY XSSlex
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FORM 630- Revised: 04/2023