## 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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1. Entity ID Number	2. Exact name	of th	e Corporation							
115783	1889 PT.	TΑ	NFIELD PIKE	REALT	Y CORP					
3. Principal Office Address	1005 12			City			State	Zip		
1889 PLAINFIELD	STREET			JOHN	STON		RI	02919		
4 NAICS Code	6 Brief descript	iΩn	of the character of bus							
1	O. Brief descript									
531120	4									
5. State of Incorporation										
RI	REAL ES	ΓA	TE				av to indic	ste en attachment		
7. List ALL officers (names and addresses)				Check the box to indicate an attachment						
President Name				Vice-President Name						
Demetrios Haseotes										
Street Address				Street Address						
100 Public Square				[ ]						
City SOMEWER +	State	Zi	"4250L	City		State		Zip		
101 1 1 C 4 3 C 1	<del>                                     </del>	٠-		Treasurer	Name	<del></del>				
Secretary Name										
Street Address				Street Address						
				<u> </u>	<u></u>		······································			
City	State	Zi	ρ	City		State		Zip		
	1	_		<u>.                                    </u>	Che	ck the h	ox to indica	ite an attachment	П	
8. List ALL directors (names and	d addresses)			Director N			<u> </u>			
Director Name										
Street Address				Street Address						
			<u></u>			1	<del></del>	<u> </u>		
City	State	Zi	p	City		State		Zip		
		L.		<u> </u>	·	<u> </u>				
Director Name				Director Name						
				Street Address						
Street Address				Sileer	1633					
	Ta		<u> </u>	City		State		Zıp		
City	State	Zij	,	City		0.0.0	i	<i>•</i>		
			Lea Channa leaved	<u> </u>	Che	ck the bo	ox to indica	te an attachment		
9. Shares Authorized 10. Shares Issued										
This information is currently of record in the NUMBER OF SI Department of State.			ARES COASSENIES			0				
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Changes require an additional			<u>[</u>		<u>l</u>					
11. This report must be executed	on behalf of the co	oqno	ration by an authorized	representa	tive. If the corporation i	s in the h	ands of a	r <del>6</del> -		
saling or toleton, this report must	t he avacuted on bi	a hai	if of the corporation by	the receiver	or trustee					
Under penalty of perjury, its	declare and affil tements contair	m ied	that i have examine Therein are true and	id this rep d correct	ort, including any a	iccomp	anying s	CUAGNIAS BUG		
statements, and that all statements contained herein are true and Name of Authorized Representative.							Date			
			<b>.</b>							
Signature of Authorized Represe	ntative				FILED				ļ	
DEMORDIAG BROEN'	TEC				3			<u>,</u>		
MAIL TO:	DOS MADE	NC	N-SUBSTANTIVE	EDITS 11	IN 1 9 2024					
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Division of Business Services

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

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