Annual Report for the year:	d ate - Business Services Division 2024				FILEDS		
Corporation	<del></del>	<del></del>					
<ul> <li>→ Filing period: February 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00</li> </ul>		t filed by May 31			JUL 2 5 2024	\	
1. Entity ID Number		e of the Corporation	-		BY_T	7\	
001748503	Park Ave	_					
3. Principal Office Address	<u>.</u>	•	City		State	<b>2</b> /p	
385 Park Ave			Portsm	outh	RI	02871	
4. NAICS Code	6. Brief descri	ption of the charact	er of busines	s conducted in R	hode Island		
531390	Real Esta	te Managemer	nt				
5. State of Incorporation	7						
Rhode Island							
7. List ALL officers (names and a	ddresses)				k the box to indicate ar	attachment L	
President Name Jesus Sosa	Vice-President Name						
treet Address 385 Park Ave			Street Address				
City Portsmouth	State RI	<sup>Zip</sup> 02871	City		State	Zıp 	
Secretary Name Jesus Sosa			Treasurer Name Jesus Sosa				
Street Address 385 Park Ave			Street Address 385 Park Ave				
City Portsmouth	State RI	<sup>Zip</sup> 02871	City Portsmouth		State RI	<sup>Z<sub>ip</sub></sup> 02871	
8. List ALL directors (names and	addresses)			Chec	k the box to indicate a	n attachment [	
Director Name Jesus Sosa			Director Na	ame			
Street Address 385 Park Ave			Street Address				
City Portsmouth	State RI	<sup>Zip</sup> 02871	City		State	Zip	
Director Name			Director Na	ame		<u> </u>	
Street Address	Street Address						
City	State	Zip	City	<u> </u>	Slate	Zip	
9. Shares Authorized		10. Shares Iss	ued	Che	ck the box to indicate a		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		SS/SERILS	\$1.00	
		100		CWP	\$1.0		
- '		1 .					
11. This report must be executed coiver or trustee, this report mus	t he executed on	behalf of the corpo	ration by the	receiver or truste	28 <u></u> _		
Under penalty of perjury, I ded	lare and affirm	that I have examin	ed this repo	rt, including any	/ accompanying sche	edules and	
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date /		

MAIL TO: Division of Business Services

Signature of Authorized Representative

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

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