



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 RIDOS BSD
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1. Entity ID Number 84748		2. Exact name of the Corporation PARK AVENUE RAILTY INC.			
3. Principal Office Address 785 CHARLES ST.		City PROV.	State R.I.	Zip 02904	
4. NAICS Code 531190	6. Brief description of the character of business conducted in Rhode Island TO CARRY ON THE BUSINESS OF A RAILTY COMPANY				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name DAVIDA C BROCCOLI			Vice-President Name DAVIDA C BROCCOLI		
Street Address 785 CHARLES ST			Street Address 785 CHARLES ST		
City PROV.	State R.I.	Zip 02904	City PROV.	State R.I.	Zip 02904
Secretary Name DAVIDA C BROCCOLI			Treasurer Name DAVIDA C BROCCOLI		
Street Address 785 CHARLES ST.			Street Address 785 CHARLES ST		
City PROV.	State R.I.	Zip 02904	City PROV.	State R.I.	Zip 02904
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. 1000 COMM NO PAR VALUE Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		NONE	
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 DAVIDA C. BROCCOLI PRESIDENT					Date 8-19-24
Signature of Authorized Representative David C. Broccoli Pres					