RI SOS Filing Number: 202461502220 Date: 12/5/2024 2:57:00 PM

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State of Rhode Island					DEC CO	DEC DEC	
Department of State - Business Services Division					<u>ن ر</u>	3	
Annual Report for the year: Corporation	D 1710.01.	ŽÕ					
→ Filing period: February 1 -		.54:2					
→ Filing Fee: \$50.00					1		
→ Penalty: Additional \$25.00 to 1. Entity ID Number	lee if form is not	filed by May 31.					
24812		of the Corporation Ity Manager	ment Co	rp			
Principal Office Address Tremont Street PH			City Bostor	n	State MA	Zip 021115	
4. NAICS Code	6 Brief descript	ion of the charact	er of busines	ss conducted in Rh	node Island		
531110	Property M	Property Management					
State of Incorporation MA							
7. List ALL officers (names and add	dresses)			Check	the box to indicate an a	attachment 🗆	
President Name William M Kargman				Vice-President Name Kathryn Kargman Holden			
Street Address 221 Mt. Auburn Street, #703			Street Add	Street Address 32 Clarendon Street			
^{City} Cambridge	State MA	^{Zip} 02138	City Bos		State MA	Z _{ip} 02116	
Secretary Name William M Kargman			Treasurer I	Treasurer Name Kathryn Kargman Holden			
Street Address 221 Mt. Auburn Street, #703				Street Address 32 Clarendon Street			
City Cambridge	State MA	^{Zip} 02138	City Bos	ton	State MA	^{Zip} 02116	
8. List ALL directors (names and a	ddresses)				the box to indicate an a	1	
Director Name William M Kargman			Director Na	Kathryn Kargman Holden			
Street Address 221 Mt. Auburn Street				Street Address 32 Clarendon Street			
^{City} Cambridge	State MA	^{Zip} 02138	City Bos		State MA	^{Z_{IP}} 02116	
Director Name A D NC			Director Name				
Street Address			Street Add	Street Address			
City	State	Zip	City		State	Zıp	
9. Shares Authorized	<u> </u>	10 Shares Issu	ied	Check	the box to indicate an a	attachment 🗀	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF S		CLASS	SSFR'ES	PAR VALUE	
		150,000		CNP	0	0	
 This report must be executed o ceiver or trustee, this report must b 	<u>be executed on be</u>	ehalf of the corpora	ation by the i	receiver or trustee.			
Under penalty of perjury, I declar statements, and that all statemen	re and affirm tha	t I have examine	d this repor	t, including any a	iccompanying schedu	iles and	
Name of Authorized Representative	e	Tem are true and	l'eurrect.	Date			
William M Kargman					12/02/2024	12/02/2024	
Signature of Authorized Represent	ative Isl	han Mika	ymore	•			

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 2:57

DEC **05** 2024

BY RTEFX