



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 000089701		2. Exact name of the Corporation PRIME TIME PROPERTIES, INC.	
3. Principal Office Address 498 BROADWAY		City PROVIDENCE	State RI
		Zip 02909	
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN PURCHASE, SALE, LEASE, BROKERAGE, MANAGEMENT AND INVESTMENT OF REAL ESTATE		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name FRANK S. MIELE		Vice-President Name FRANK S. MIELE	
Street Address 498 BROADWAY		Street Address 498 BROADWAY	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02909	
Secretary Name FRANK S. MIELE		Treasurer Name FRANK S. MIELE	
Street Address 498 BROADWAY		Street Address 498 BROADWAY	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02909	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		100	COMMON
			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 FRANK S. MIELE			Date 1/30/25
Signature of Authorized Representative 			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630- Revised 12/2023