



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2025  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED  
2025 MAR 04 PM 4:13:35  
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1. Entity ID Number <b>144611</b>		2. Exact name of the Corporation <b>72 Doyle Avenue Corporation</b>	
3. Principal Office Address <b>100 Jenkins Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02906</b>	
4. NAICS Code <b>531110</b>	5. Brief description of the character of business conducted in Rhode Island <b>to own, develop &amp; manage real estate</b>		
5. State of Incorporation <b>R.I</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
President Name <b>Leonard J. Long</b>		Vice-President Name	
Street Address <b>100 Jenkins St</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
Director Name <b>Leonard J. Long</b>		Director Name	
Street Address <b>100 Jenkins Street</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>Common</b>
		PAR VALUE <b>No. Par</b>	
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. <b>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.</b>			
Name of Authorized Representative <b>Leonard J. Long</b>		Date <b>3.4.25</b>	
Signature of Authorized Representative <b>Leonard J. Long</b>			

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov

BY

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