



State of Rhode Island  
Department of State - Business Services Division

**FILED**  
MAR 11 2025  
BY 439

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.

1. Entity ID Number 000101856		2. Exact name of the Corporation 1178-1194 PONTIAC AVENUE, INC.	
3. Principal Office Address C/O GJS Management; 858 Washington Street		City Dedham	State MA
		Zip 02826	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island To acquire equity interest in and serve as a member of 1178-1194 Pontiac Avenue, LLC, a Rhode Island limited liability company		
5. State of Incorporation Delaware			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name John R. Salvatore		Vice-President Name Gregory J. Salvatore	
Street Address 858 Washington Street		Street Address 858 Washington Street	
City Dedham	State MA	City Dedham	State MA
Zip 02826		Zip 02826	
Secretary Name Gregory J. Salvatore		Treasurer Name John R. Salvatore	
Street Address 858 Washington Street		Street Address 858 Washington Street	
City Dedham	State MA	City Dedham	State MA
Zip 02826		Zip 02826	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name John R. Salvatore		Director Name Gregory W. Salvatore	
Street Address 858 Washington Street		Street Address 858 Washington Street	
City Dedham	State MA	City Dedham	State MA
Zip 02826		Zip 02826	
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		100	Common
			\$1.00
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 			Date 2/25/25
Signature of Authorized Representative			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)