RI SOS Filing Number: 202572905710 Date: 5/7/2025 4:00:00 PM

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State of Rhode Island
Department of State - Business Services Division

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BY

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	2. Exact name of the Corporation		
001681228	PROPERTY VENTURES, INC.		
3. Principal Office Address	City	State	Zip
104 John Street	Providence	RI	02906
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
531110	real estate acquisition and management		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Riley White			Vice-President Name: Riley White		
Street Address: 104 John Street			Street Address: 104 John Street		
City: Providence	State: RI	Zip: 02906	City: Providence	State: RI	Zip: 02906
Secretary Name: Riley White			Treasurer Name: Riley White		
Street Address: 104 John Street			Street Address: 104 John Street		
City: Providence	State: RI	Zip: 02906	City: Providence	State: RI	Zip: 02906

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: None			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	50	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

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	Date
Riley White, President	4/28/2025

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

FORM 630- Revised 12/2023