State of Rhode Island
Department of State - Business Services Division

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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
84748	PARK AVENUE REALTY INC.

3. Principal Office Address	City	State	Zip
785 CHARLES ST.	PROV.	RI	02904

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531190	TO CARRY ON THE BUSINESS OF A REALTY COMPANY
5. State of Incorporation: RHODE ISLAND	

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

President Name	Vice-President Name
DAVINA C BRACCOLI	DAVINA C. BRACCOLI
Street Address: 785 CHARLES ST.	Street Address: 785 CHARLES ST
City: PROV. State: RI Zip: 02904	City: PROV. State: RI Zip: 02904
Secretary Name	**Treasurer Name**
DAVINA C BRACCOLI	DAVINA C BRACCOLI
Street Address: 785 CHARLES ST	Street Address: 785 CHARLES ST.
City: PROV State: RI Zip: 02904	City: PROV. State: RI Zip: 02904

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

Director Name	Director Name
NONE	NONE
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name: NONE	Director Name: NONE
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. 1,000 COMMON PAR VALUE **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100		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	Date
DAVINA C BRACCOLI PRESIDENT FILED	8-13-25 FILED
Signature of Authorized Representative	AUG 15 2025
Davina C. Braccoli ADDRESS CHG	BY 70677

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

BY _____

FORM 630- Revised 12/2023