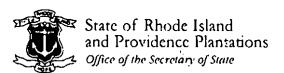
RI SOS Filing Number: 202212489770 Date: 3/2/2022 4:00:00 PM



A. Ralph Mollis, Secretary of State Corporations Dimsion 148 W. River Street

Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2022 Filing Period: January 1 - March 1 • Filing Fee: \$50.00' • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L., 7-1.2-1501(cod)) is

subject to a penalty fee of \$25.00.						
I. Corporate ID No. 294621	2. Name of Corporation PEARL STREET CONDOMINIMUM, INC.					
3 Street Address Principal Business Office 51B PEARL STREET			WESTERLY	State RI	Zip 02891	
4. Bistness Phone No 5. State of Incorporation RHODE ISLAND				_		
6 Brief Description of the Character of Business Conducted in Rhode Island CONDOMINIMUM ASSOCIATION						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
DAVID G KALIL .			DAVID G KALIL			
Street Address			Street Address			
51B PEARL STREET			51B PEARL STREET			
City	State	Zip	Cay	State	Zip	
WESTERLY	] RI	02891	WESTERLY	] RI	02891	
Secretary Name DAVID G KALIL			Treasurer Name DAVID G KALIL			
Strort Address			Street Address	Street Address		
51B PEARL STREET			51B PEARL STREET			
City: WESTERLY	State RI	2ip 02891	WESTERLY	State RI	7.ip 02891	
8. NAMES AND ADDRESSES	OF THE DIRECTO	ORS: ("X" BOX FOR ATT	ACHMENT) 🔲 FILL IN SPA	CES BEFORE USING AT	TACHMENTS	
Director Name DAVID G KALIL			Director Name			
Street Address			Street Address			
51B PEARL STREET						
City	State	Zip	City	State	Zφ	
WESTERLY	RI	02891				
Director Name			Director Name			
Street Address			Street Address			
Cuy	State .	Zip	City-	State.	Zip	
	1			<u> </u>		
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
	<del></del>		ISSUED SHARES — THIS SECTION	·	T	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	GussSeries	Par Value	
			2000	COMMON	NO PAR VALUE	
			THIS SECTION	1 100.000		
This report must be executed			ed representative. If the corpor	ation is in the hands of a	receiver or trustee.	

	FILED
File Dat	- MAR 0 2 2022
Check N	/nBY
Ву:	
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affi including any accompanying schedules an	•
contained herein are true and correct.	3-1-2029
Signature Type 1	Date
DAVID G KALIL	
Print or Type Name	
PRESIDENT	
Title	·