RI SOS Filing Number: 202343602790 Date: 12/28/2023 10:50:00 AM

State of Rhode Island								
Department of S	tate - Business Services Division RECEIVED							
nnual Report for the year: 2023			RECEIVED R.I. DEPT. OF STATE BUS SYOS DIM					
Filing period: February 1	- May 1			000	) ( ) ( )	) ():		
Filing Fee: \$50.00				2023 DEC 28 A 10: 48				
Penalty: Additional \$25.00 fee if form is not filed by May 31.								
1. Entity ID Number	2. Exact name of the Corporation							
Central Falls Realty Corp.								
3. Principal Office Address				<del></del>	State		Zip	
141 Terrace Avenue			Rivers	side	RI		02915	
4. NAICS Code	6. Brief descrip	tion of the charac	ter of busine	ss conducted in Rhode I	sland			
531311	real estate and investments							
5. State of incorporation	1							
RI								
7. List ALL officers (names and ad	deareas)							
President Name				Check the box to indicate an attachment				
J. David Kumiega			Vice-President Name Maria Kumiega					
141 Terrace Avenue			Street Address 141 Terrace Avenue					
Riverside	State RI	<sup>Zip</sup> 02915	City Rive	erside	State	RI	Zip 02915	
ecretary Name			Treasurer Name David Kumiega					
Street Address			Street Address 141 Terrace Avenue					
City	State	Zip	City Rive	erside	State	Ri	Zip 02915	
8. List ALL directors (names and addresses)				Check the b				
J. David Kumiega			Director Name Maria Kumiega					
Street Address 141 Terrace Avenue			Street Address 141 Terrace Avenue					
City Riverside	State RI	<sup>Zip</sup> 02915	City Riverside			RI	Zip 02915	
Director Name David Kumiega			Director Name					
Street Address 141 Terrace Avenue			Street Address					
City Riverside	State RI	<sup>Zip</sup> 02915	City	·- <u>-</u> -	State		Zip	
9. Shares Authorized		10. Shares Issu		Check the b	ox to ind	icate an att	achment	
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/S		; 		PAR VALUE	
Changes require an additional filing.		100	100		0.00			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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								
J. David Kumiega				12 FILED 1050 12 12 6 /23				
Signature of Authorized Representa	DEC 28 2023							
MAIL (O:								

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov