RI SOS Filing Number: 202343602970 Date: 12/28/2023 10:49:00 AM

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State of Rhode Island

Department of State - Business Services Division

al Report for the year: 2022 Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if for

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2023 DEC 28 A 10: 48

Entity ID Number		tee if form is not filed by May 31.					
3889	B _	2. Exact name of the Corporation					
	Central	Falls Realty	Corp.				
3. Principal Office Address			City		State	Zip	
141 Terrace Avenue			Riversi	ide	RI	02915	
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island					
531311	real estat	real estate and investments					
5. State of Incorporation							
RI							
7. List ALL officers (names ar	nd addresses)			Check the b	ox to indicate a	n attachment	
President Name J. David Kumiega			Vice-President Name Maria Kumiega				
Street Address 141 Terrace Avenue			Street Address 141 Terrace Avenue				
^{City} Riverside	State RI	^{Zıp} 02915	City Riverside		State RI	Zip 02915	
Secrelary Name		1	Treasurer N	Treasurer Name David Kumiega			
Street Address			Street Address 141 Terrace Avenue				
City	State	Zip	0.3.		State	Trio	
			Riverside		RI	Zip 02915	
8. List ALL directors (names a	and addresses)				ox to indicate a	n attachment	
Director Name J. David Kumiega			Director Name Maria Kumiega				
Street Address 141 Terrace Avenue			Street Addr	Street Address 141 Terrace Avenue			
^{City} Riverside	State RI	^{Ζιρ} 02915	City Riverside		State RI	Zip 02915	
Director Name David Kumiega			Director Name				
Street Address 141 Terrace Avenue			Street Address				
^{City} Riverside	State RI	^{Z_{ip}} 02915	City		State	Zip	
9. Shares Authorized		10. Shares issu			nx to indicate a	n attachment [7]	
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares issued Check the box to indicate an attachment NUMBER OF SHARES CLASS/SERIES PAR VALUE				PAR VALUE	
		100	ļ		0.00		
11. This report must be execu	ted on behalf of the	corporation by an a	uthorized repr	resentative. If the corpo	ration is in the	hands of a re-	
<u>ceiver or trustee, this report m</u>	nust be executed on	behalf of the corpor	ation by the re	aceiver or trustee		i	
Under penalty of perjury, I o statements, and that all stat	leciare and amirm to lements contained	nat i nave examine herein are true ani	id this report d correct			dules and	
Name of Authorized Represer	ntative		./	4 = 104°	\Date		
J. David Kumiega			1	W FILED	12/26	123	
Signature of Authorized Representative DEC 28 2023							
A. Worm Rummy GaxSQ							
WAIL CO:				BY			

Division of Business Services

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

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