

3/17/2023 4:00:00 PM



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 18 2024
BY 533
[Signature]

| | | | |
|---|---|---|--------------------------|
| 1. Entity ID Number 000294621 | | 2. Exact name of the Corporation Pearl Street Condominium, Inc. | |
| 3. Principal Office Address 51B Pearl Street | | City Westerly | State RI |
| | | Zip 02891 | |
| 4. NAICS Code 813990 | 6. Brief description of the character of business conducted in Rhode Island Condo Association | | |
| 5. State of Incorporation RI | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name David G Kalil | | Vice-President Name David G Kalil | |
| Street Address 51B Pearl Street | | Street Address 51B Pearl Street | |
| City Westerly | State RI | City Westerly | State RI |
| Zip 02891 | | Zip 02891 | |
| Secretary Name David G Kalil | | Treasurer Name David G Kalil | |
| Street Address 51B Pearl Street | | Street Address 51B Pearl Street | |
| City Westerly | State RI | City Westerly | State RI |
| Zip 02891 | | Zip 02891 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name David G Kalil | | Director Name | |
| Street Address 51B Pearl Street | | Street Address | |
| City Westerly | State RI | City | State |
| Zip 02891 | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | |
| | | CLASS/SERIES | |
| | | PAR VALUE | |
| | | 2000 | STK |
| | | | \$0.0000 |
| 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 David G Kalil | | | Date 2-27-2023 |
| Signature of Authorized Representative <i>[Signature]</i> | | | |