RI SOS Filing Number: 201743227910 Date: 5/15/2017 4:00:00 PM

Department of Sta	te - Busines	itations s Services D	ivision			
Annual Report for the ye	ar:					
Corporation → Filing period: January 1 - N	 March 1		_			
→ Filing Fee: \$50.00						
→ Penalty: Additional \$25.00 fe	ee if form is not fi	led by April 1.				
Entity ID Number	2. Exact name of	f the Corporation				
001339344						
Principal Office Address	· 		City		State	Zip
19 Dewolf	AUR		BEISTU	_	RI	02809
4. NAICS Code	Brief descripti	on of the characte	er of business con-	ducted in Rhode Isla	and	
44-45	11600		310			
5. State of Incorporation						
RI						
List ALL officers (names and add President Name	Check the box to indicate an attachment					
EVGENIYA POZONYAKUVA SANTOS			Vice-President Name			
Street Address			Street Address			
City _	79 DEWOLF AVE State Zip				State	Zip
BRISTOL	RI	02809	City		Olale	Zip
Secretary Name			Treasurer Name			
Street Address			Street Address			
	1					
City	State	Zip	City		State	Zip
8. List ALL directors (names and ad	Idresses)			Check th	e box to indicate	an attachment
Director Name			Director Name			
Street Address			Street Address			
0.5	la.	T			,	
City	State	Zip	City		State	Zip
Director Name			Director Name			
Street Address						
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City	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
ony.	State	Zip	City	-	State	Zip
	State			Chook th	·	
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9. Shares Authorized		10. Shares Issue	ed HARES	CLASS/SERIES	e box to indicate	an attachment
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9. Shares Authorized This information is currently of record Department of State. Changes require an additional filing. 11. This report must be executed or trustee, this report must be execute.	d in the behalf of the cord on behalf of the	10. Shares Issue NUMBER OF S / C poration by an aucorporation by th	ed HARES thorized representer receiver or truster	CLASS/SERIES CWP tative. If the corpora	e box to indicate	an attachment PAR VALUE 1.0000 ds of a receiver or
9. Shares Authorized This information is currently of recording the properties of State. Changes require an additional filing. 11. This report must be executed or trustee, this report must be execute. Under penalty of perjury, I declare.	d in the behalf of the cord on behalf of the and affirm that	10. Shares Issue NUMBER OF S (C) peration by an aucorporation by the samined samine	thorized represent	CLASS/SERIES CWP tative. If the corpora	e box to indicate	an attachment DPAR VALUE 1.0000 ds of a receiver or
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