RI SOS Filing Numb	er: 201858275390	Date: 2/	14/2018 1:31:0	0 PM	25 S		
State of Rhode Island and Providence Plantations					<del>- 3 88 -</del>		
Department of State - Business Services D					71 22 25 12 20 20 20 20 20 20 20 20 20 20 20 20 20		
Annual Report for the year:	2018				250C		
Corporation –	<u> </u>	_			-1≺\\ -p -0\\		
→ Filing period: January 1 - March 1					PM		
→ Flling Fee: \$50.00 → Penalty: Additional \$25.00 fee if for	m is not filed by April 1				# 2 PM		
	ct name of the Corporation	n .	<u></u>		9		
000 1665370 N	/  ), )	NIATI	ion In	<u></u>			
3. Principal Office Address				City Warwick State Zip 02888			
4. NAICS Code 6. Brie	f description of the charac	ter of business	conducted in Rhode	Island	2 0000		
5. State of Incorporation	indow SA	les					
RI							
7. List ALL officers (names and addresses) President Name (		Vice-Preside	Chec	k the box to ind	icate an attachment 🔲		
Street Address Fon Keedy	Kon Keedy						
1175 Post Rund		Street Address					
City MANDICLE State		City	SAVIL	State	Zip		
Socretary Name	03188	Treasurer Na	ame				
Street Address		Street Addre	Street Address				
City State	Zip	City		State	Zip		
List ALL directors (names and addresses		<u> </u>	Chad	4h a 6 - 4 - 1 - 1			
Director Name		Director Nam	e Check	tine box to indi	cate an attachment		
Street Address	Street Addres	Street Address 101					
Weet Address N Y I C		) / / / (					
City	Zip	City		State	Z:p		
Director Name	<del>-</del>	Director Nam	18	<del></del>	·		
Street Address	Street Addres	Street Address					
City State	(m)						
State	Zip	City		State	Zip		
Shares Authorized     This information is currently of record in the	10. Shares Issu		Check	the box to indi	cate an attachment		
Department of State.	NUMBER OF	SHARES	CLASS/SERIE	s	PAR VALUE		
Changes require an additional filing.	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	<u> </u>	(omn	10n -	-0-		
11. This report must be executed on behalf trustee, this report must be executed on behalf	of the corporation by an ar	uthorized room	Contains If the co				
Francia i charringsi ne executed ou nei	iail oi ine cornoration ny ti	ne receivar ar t	ructoo				
Under penalty of perjury, I declare and al statements, and that all statements contains	Tirm that I have examine Uned herein are true and	d this report, i I correct.	including any accon	npanying sche	dules and		
Name of Authorized Representative				Date	11/16		
Signature of Authorized Representative	<del></del>	<del>- FILE</del>	<b>D</b>	1 7	19/18		
Tordel Kilds	SIGN DOC	UMENT HERE	2018	✓	/		
MAIL TO: Division of Business Services	<u>\</u>		1260				
148 W. River Street, Providence, Rhode Island 029 Phone: (401) 222-3040	904-2615		1000				
Website: www.sos.rl.gov			1.51	FOR	M 630 - Revised: 10/2017		