RI SOS Filing Number: 201984202660 Date: 1/10/2019 4:00:00 PM

State of Rhode Island and			vision			
Department of State - Business Services Division Annual Report for the year:						
Corporation	<u>70</u>	19				_
→ Filing period: January 1 - M				SECT COT 2019		
→ Filing Fee: \$50.00→ Penalty: Additional \$25.00 fe	e if form is not fil	ed by April 1.				<u>~</u> ~~~~
1. Entity ID Number	2. Exact name of	<u></u>	1 .			- 07m
487296	i . /	Five S	Tacti	11er.IN	C	0 44/
Principal Office Address	1 1	<u>γγι. υ</u>	City 0	1	State	Zip (i) (i)
22 Bo	ylston	Mue	Krov	lidence	RI	403306
4. NAICS Code	·			enducted in Rhode Isla	and	3
5. State of Incorporation	Con	struction				
5. State of Incorporation		-, ,				
7. List ALL officers (names and add	resses)			Check th	e box to indi	cate an attachment
President Name Day d	Vice-President Name					
Street Address 22 BOYLSTON AUC			Street Address			
City D		710	City		State	Zip
Prov	State [202906	Transport North			
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zıp	City		State	Zıp
List ALL directors (names and act	<u>l</u> Idresses)		<u>l</u>	Check th	l ne box to ind	icate an attachment
Director Name Day id	Director Name	-				
Street Address 22 Roll S Ma Rua			Street Address			
City Do	State ,	Zipo 2 o o o	City		State	Zıp
Director Name	$\frac{1}{1}$	zip 02906	Director Name			
			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
9 Shares Authorized	1	10. Shares Issue		Check th	l ne box to ind	licate an attachment
This information is currently of record in the NUMBER C Department of State.				CLAS\$/SERIES		PAR VALUE
Changes require an additional filing.		1000)			<i>a</i> 0
11. This report must be executed o trustee, this report must be execute	ed on behalf of the	e corporation by the	e receiver or tri	ustee.		
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 Kessler 1/10/19						
Signature of Authorized Representative FILED						
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MAIL TO: Division of Business Services	Į.	•		MANIA	0 2019	1 010
148 W. River Street, Providence, Rhode Phone: (401) 222-3040	lsland 02904-2615			BY	KV	ν Ψ
Website: www.sos.ri.gov					7 ·	RM 630 - Revised: 10/2017
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