RI SOS Filing Number: 201986476050 Date: 2/12/2019 4:00:00 PM

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State of Rhode Islan Department o	Division	vision FILED						
Annual Report for th Corporation	<del></del>		FEB	1 1 201	9474.77 -			
<ul> <li>→ Filing period: January</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25</li> </ul>	BY 1788							
1. Entity ID Number 53745		2. Exact name of the Corporation  Tavdi Company, Inc.						
3. Principal Office Address	City		State		Zip			
140 Beacon Park Drive			Riverside		RI		02915	
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island						
423830	Sell, lease o	Sell, lease or deal in goods of all types						
5. State of Incorporation								
RI		·						
7 List ALL officers (names a President Name	Tvice-President	Check the box to indicate an attachment  Vice-President Name						
Ismail Saltur	E. Leyla Saltuk							
Street Address P.O. Box 298	Street Address	Street Address P.O. Box 298						
City Barrington	State RI	Zip 02806	City Barringto		State RI	ŀ	Zip <b>02806</b>	
Secretary Name Ismail Saltul		Treasurer Name Ismail Saltuk						
Street Address P.O. Box 298	Street Address	Street Address P.O. Box 298						
City Barrington	State RI	<sup>Zip</sup> 02806	City Barrington		State RI		<sup>Zip</sup> 02806	
8. List ALL directors (names	and addresses)			Check t	he box to ir	ndicate a	n attachment 🔲	
Director Name Ismail Saltuk		Director Name E. Leyla Saltuk						
Street Address P.O. Box 298	Street Address	Street Address P.O. Box 298						
City Barrington	State RI	Zip <b>02806</b>	City Barringto	City Barrington		-	Zip <b>02806</b>	
Director Name None			Director Name None					
Street Address			Street Address	Street Address				
City	State	Zip	City		State		Zıp	
9. Shares Authorized		10. Shares Is			Check the box to indicate an attachment			
This information is currently of record in the Department of State.		100	NUMBER OF SHARES		CLASS/SERIFS Common		\$1.00 Par Value	
Changes require an additional filing.					<del></del>	$\vdash$		

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. Date

Name of Authorized Representative

Ismail Saltuk, President

Signature of Authorized Representative

DOCUMENT HERE

MAIL TO:

Division of Business Services

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

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