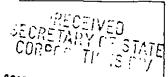
RI SOS Filing Number: 201912341650 Date: 8/13/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: Corporation



2019 AUG 13 PM 4: 13

→ Filing period: January 1 - March	$\rightarrow$	Filing	period:	January	1	- March	1
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→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number	2 Event see	(s) - C		<del></del>						
•		e of the Corporation								
00 /6 72 2 62 3. Principal Office Address	Wilson	Del; ver	Y INC							
			City		State	Zip				
43 Parker St			Central	Fails	RI	02863				
4. NAICS Code	6 Brief descr	iption of the characte	er of business condu	cted in Rhade Is	land					
484110	•									
5. State of Incorporation	4									
R.I.	1/200	s Portat.	oh ar a		1.11	1				
7. List ALL officers (names and ad	dresses)	5 1011a 1	DEL OF C	zncaja (	Freigh	ate an attachment				
President Name			Vice-President Nam		ne box terinoic	ate an attachment L				
Wilson A	nchia 60	ricia								
43 Parker St	Street Address									
City	State 21	02863	City		State	Žip				
Central Falls Secretary Name	121	02863	Tabassas		<u> </u>					
Societary (value			Treasurer Name							
Street Address			Street Address							
City	State	Zip	City		State	Žip				
	<u> </u>					' '				
B. List ALL directors (names and a Director Name	ddresses)			Check t	he box to indic	cate an attachment				
)			Director Name			•				
Street Address			Street Address							
City	State	Zip	City		State	Zip				
Director Name			Director Name	Director Name						
Street Address			Street Address							
		<del></del>								
City	State	Zıp	City	_	State	Zıp				
9 Shares Authorized		10. Shares Issu	ed .	Chack	ho hov to indi	ato as attaches of C				
This information is currently of reco	rd in the	NUMBER OF	<del></del>	C_ASS/SERIES	ne box to indic	par value				
Department of State.						·				
Changes require an additional filing	•	<u> </u>	<del></del>			<del></del>				
					}					
<ol> <li>This report must be executed of trustee, this report must be execut</li> </ol>	<u>ed on behalf of</u>	the corporation by the	ne receiver or trustee	<u> </u>						
Under penalty of perjury, I decla	re and affirm t	hat I have examine	d this report, include	ding any accom	panying sch	dules and				
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date										
Wilson Anchia Bascia 8/13/2019										
Signature of Authorized Representative										
Wilson Anch	ia Go	Wia								
						-				

Division of Business Services

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

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

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