RI SOS Filing Number: 201914913800 Date: 8/23/2019 4:00:00 PM RECEIVED

R.I. DEPT. OF STATE BUS SVCS DIV



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

· 2019 AUG 23 P 1: 08

Annual	Report for	the	year:
<u> </u>	••		

2019 Corporation

- → Filing period: January 1 March 1
- → Filing Fee: \$50,00

→ Penalty: Additional \$25.00	fee if form is	not filed by April 1.				ļ		
1. Entity ID Number	2. Exact name of the Corporation							
1661805	City State Zip							
3. Principal Office Address	/		City	 	State	Zip		
3. Principal Office Address 290 Affire est 4. NAICS Code 7225/3	Atris	In	CAB8	TOOL	RT	02821		
4. NAICS Code	6. Brief des	cription of the charac	cter of business cor	nducted in Rhode	Island	 _		
722573	We	cream	parion					
5. State of Incorporation	7							
RI								
7. List ALL officers (names and a	ddresses)			Chec	k the box to indic	ate an attachment		
President Name Nichael Age A	Vichael Angua			Vice-President Name				
Michael AnerA Street Address	<u></u>				Street Address			
5 Red WAK DR	-		270 AlPar estates DR City State 2 D2921					
5 Red CAK DR City CRAISTON	State R2	Zip CD[2]	City	Tra c	State	Zip		
Secretary Name	1 / 6-	100101	Treasurer Name			12/6/		
Street Address		 <u></u>		<u></u> -				
20:000 Muli 622			Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names and	arldresses)			Char	In Alexander Service			
Director Name	555,555		Director Name	Chec	k the box to indi	cate an attachment 🗀		
Street Address			Charl Adding					
			Street Address			ŀ		
City	State	Zip	City		State	Ζip		
Director Name			Director Name	Director Name				
Street Address	Street Address	Street Address						
City	Totale .							
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Is	sued	Chec	k the box to indi	cate an attachment [
This information is currently of record in the Department of State.		NUMBER C	NUMBER OF SHARES		IES	PAR VALUE		
Changes require an additional filing.		0	0					
Changes require an additional fitting.								
11. This report must be executed	on behalf of th	ne corporation by an	authorized represe	ntative. If the con	poration is in the	hands of a receiver or		
trustee, this report must be exect	ited on penair	of the corporation by	the receiver or tru:	stee.				
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					Date	,		
Michael Huna Signature of Authorized Representative					8/2	3/15		
·								
FILED								
MAIL TO:								

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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