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R.I. DEPT. OF STATE BUS SYES DIV



State of Rhode Island and Providence Plantations

Department of State - Business Services Division					2019 SEP 15 A 10: 29		
Annual Report for the year: 7.00						10 A 10 Z1	
Corporation			•				
→ Filing period: January 1 - N → Filing Fee: \$50,00	viarch 1						
→ Penalty: Additional \$25.00 f	ee if form is not f	iled by April 1					
1. Entity ID Number		of the Corporation					
000/56365	()	i i		-10-		~	
3. Principal Office Address	TRES	Cott A		54 (Seq2	U.CE	c + wc	
28 POPPY He	11 Dr.	'	City	wstow	State	Ca98	
4 NAICS Code		ion of the characte	r of business se	onducted in Rhode (sla		·   Oally	
521390					ing		
5. State of Incorporation	4 KEH	65 ta 6	· pappi	C415 175			
2 T							
7. List ALL officers (names and add	dresses)						
President Name	Check the box to indicate an attachment Vice-President Name						
Street Arrayess WAR + UD . IT							
do Popsy H	KEU DU	`	Street Address	-			
to 4 NS tow	State	2029B	City		State	Zip	
Secretary Name		<u> </u>	Treasurer Nam	ne	<u>.                                    </u>		
Street Address			Street Address				
City	State	Zip	City		State		
	<u> </u>				State	Zip	
List ALL directors (names and addresses)  Director Name			Check the box to indicate an attachment				
			Director Name				
Street Address			Street Address				
City	State	Žip	Gib.	<u></u>	T.		
		Z ip	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
				,			
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Issue	ad .	Cha-t- N			
This information is currently of record in the NUMBER OF S							
Department of State.		100		600-ca	n Dan	0.6/50	
Changes require an additional filing.				<u> </u>	<u> </u>	0-0100	
11. This report must be executed of	on behalf of the co	progration by an au	thorized repres	sentative if the coroor	ation is in th	no hands of a saccions on	
THE PARTY OF THE P	eu un denantum	PCDMOCATION DV to	A TOCOLUME AT PE				
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 Representativ	/e	are true and	correct.	<del>_</del>	Date	<del></del>	
So(4N)	, ,	Rtiuo,	オ			16-19	
Signature of Authorized Representative							
	~ ~ (Q	100					

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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10:31.

FORM 630 - Revised: 10/2017