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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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President Name Michael Granieri Street Address					- 1	
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State RI	Dd 8 94	City Richmond	11+ (01	State T	Zip 2898	
Street Address Street Address			Michael Granes.			
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		Director Name				
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Department of State. Changes require an additional filing.)		- 3	\$ 00.00	
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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 personnel including any personn						
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative,						
Signature of Authorized Representative				Date //	1/19	
	arch 1 e if form is not form is not form. 2. Exact name of Form is APP 5. Brief description 6. APP State State State State State State State State State APP State State APP State State APP State State APP State APP State State APP State APP State State APP State State APP APP State State APP State APP State APP State APP APP State State APP State APP APP State State APP State APP APP State APP APP State APP APP State APP State APP APP APP APP State APP APP APP APP APP APP APP A	e if form is not filed by April 1. 2. Exact name of the Corporation Froz en I Ave 5. Brief description of the characte SALU Del resses) 6 American State Zip Day 94 Gresses) State Zip Day 94 dresses) State Zip 10. Shares Issued on behalf of the corporation by an auded on behalf of the corporation by the eard affirm that I have examined into contained herein are true and are true are true and are true and are true and are true and are true are true and are true and are true and are true are true are true are true are true are true and are true are	arch 1 2. Exact name of the Corporation Frozen Tro Arc City Westerly 5. Brief description of the character of business conducted SART OR Street Address State RI Zip G G R R Manual Street Address Street Address Street Address Director Name Street Address And Director Name Street Address Street Address Street Address And Director Name Street Address Street Address	ee if form is not filed by April 1. 2. Exact name of the Corporation Free PN Free Street Address Street Address	resses) Check the box to indi State PI PAR State Check the box to indi CAM PI State PI PAR PI PA	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos,ri.gov OCT 01 2019

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