RI SOS Filing Number: 202032297830 Date: 1/14/2020 2:02:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

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

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→ Penalty: Additional \$25.00 fee if form is not filed by April 1.						1. 23	
1. Entity ID Number	2. Exact name of Johnnu	•	ml: A	· · · · · · · · · · · · · · · · · · ·			
3. Principal Office Address	Joracia	1 62 14	sofing C	D., INC	State	Zip	
75 valleybr	ook Dr		East Pr	ouidence	RI		
4. NAICS Code	6. Brief description	n of the character	of business condu	ucted in Rhode Isla	and O.	Sin	
238140 5. State of Incorporation	Keside	AHal 3	of business condu	uncial	// // 0	ofreg	
RI							
7. List ALL officers (names and add President Name	resses)	· · · · · · · · · · · · · · · · · · ·	Ivian Bereida - Ma-		ne box to indic	ate an attachment 🔲	
Lohn Contro	da		Vice-President Nan	Non	4		
Street Address Valleuby o	OK DI		Street Address	_			
East Providence	State RI	Zip 22914	City		State	Zip	
Secretary Name		30.00	Treasurer Name	Non.	<u> </u>		
Street Address			None Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ad	draccae)			Charles			
			Check the box to indicate an attachment Director Name				
Street Address			Street Address				
City	State	Zìp	City		State	Zip	
Director Name		<u> </u>	Director Name		1		
Street Address		None					
	· · · · · · · · · · · · · · · · · · ·						
City	State	Zip 	City		State	Zip	
9. Shares Authorized This information is currently of recor	d In the	10. Shares Issue		Check the CLASS/SERIES	ne box to indic	eate an attachment PAR VALUE	
Department of State.		Non		COASSIGNIES		PAR VALUE	
Changes require an additional filing.		10010					
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 execute Under penalty of perjury, I declar	d on behalf of the	corporation by the	receiver or truste	e .			
statements, and that all statements. Name of Authori de Representative	<u>its contained her</u>	ein are true and	correct.		<u> </u>		
Puela	Date 1-14-2020						
Signature of Authorized Representative FILED							
John The							
MAIL TO: Division of Business Services JAN 14 2020 JAN 14 2020							
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040					V		
Website: www.sos.ri.gov						M 630 - Revised: 10/2017	