

State of Rhode Island and Providence Plantations

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

Annual Report for the year: Corporation

2020

FILED

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee

3. Principal Office Address  145 FORT STREET CAST ROVIDENCE R.T. 03914  4. NAICS Code  5. State of Incorporation  RHODE ISLAND (Commercial + RES; JENTI'AL)  7. List ALL officers (names and addresses)  President Name  Street Address  Street Address  Street Address  Street Address  Street R.T. 03914  Commercial + RES; JENTI'AL  Commercial + RES; JENTI'AL  Street Address  Street R.T. 03914  City Check the box to indicate an attachment Campaigness  Check the box to indicate an attachment Campaigness  Street Address  Street R.T. 03914  City Rovident Name  State R.T. 2103914  City Rovident Rance  State R.T. 203914  City Rovident Rance  City Rovide	→ Penalty: Additional \$25.00 fe	e ir form is not file	а бу Арпі Т.		BY		<u> </u>		
3. Principal Office Address 4. NAICS Code 5. Brief description of the character of business conducted in Rhode Island 5. State of Incorporation 7. Howard of Incorporation 7. Howard of Incorporation 7. Howard of Incorporation 7. Howard of Incorporation 8. State of Incorporation 9. State of Incorporation 10. Shares Insured 10. Shares Insured 10. Shares Insured 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. 1. State of Authorized Representative 1. State of Authorized Repres	1. Entity ID Number		•			. / ~	-		
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4. NAICS Code  6. Birlif description of the character of business conducted in Rhode Island  ELECTRICAN, REPAIRS + MAINIENA PROLE  5. State of Incorporation  RHODE SLAND  CommERCIAL + RES. JENNIAL  Check the box to indicate an attachment Described Name  President President Name  Land M. Solus A  Street Address  Stree	148 FORT	STRE	ET	EASI	TROVISENO	E	P.T. 0	02914	
5. State of Incorporation  RHOLE SLAND  CommERCIAL + KES; JENTI AL  Trestall officers (names and addresses)  Check the box to indicate an attachment D  President Name  Streen Address  Streen				of business co	onducted in Rhode Isla	and		-	
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T. List AL Officers (names and addresses)  Check the box to indicate an attachment   President Name    Super Address	5. State of Incorporation	1 .				`			
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Sireel Address  Sireel Address									
Street Address  The State P. I Program Name  Street Address  S		Vice-President Name  SOUSA  N. 5045A							
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Street Address  Street Address		State P. J.	Zip 02914	City LAS VI	ROVIDENCE	State	1 Zij	02914	
Street Address  Street Address  City  Street Address  Street A	Secretary Name  XOAN M. 5045 A			Tredsurer Name  AUSEDA 2 5045A					
8. List ALL directors (names and addresses)  Director Name  Street Address  City  Street Address  City  Street Address  City  Street Address  Street Address  Street Address  City  State  Check the box to indicate an attachment   NAMER OF SHARES  CLASS/SERIES  PAR VALUE  This information is currently of record in the Department of State.  Changes require an additional filling.  11. 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 accompanying schedules and statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Signature of Authorized Representative  Date  1-8   2020  Signature of Authorized Representative  Date  1-8   2020	Con Address			Sheet Address JORI STREET					
Street Address  City  Ci	ENT PRUVI DENCE	State P. J.	Zip 02914	E AS/	EN Lid UNCE	State	Zi Zi	02914	
Street Address  If B	8. List ALL directors (names and ac	ddresses)	/		Check tl	he box to ir	idicate an	attachment 🔲	
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Director Name    Director Name   Director Name	Street Address 2			Street Address FORT STREET					
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Street Address  City  Nonic  State  Nonic  City  Nonic  City  Nonic  City  Nonic  State  Stat	Director Name / /	Director Name /							
State Nonit   State	,	Street Address /							
9. Shares Authorized  This information is currently of record in the Department of State.  Changes require an additional filing.  10. Shares Issued  Number of Shares  CLASS/SERIES  PAR VALUE  Number of Shares  Number of Shares  CLASS/SERIES  PAR VALUE  Number of Shares  Number of	City	State	Zip /	City	NONG	State /	. Zi	p / /	
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Signature of Authorized Representative									
Signature of Authorized Representative  SIGN DOCUMENT HERE			1-8/2020						
	Signature of Authorized Represent	ative		JIMENT HERE					

MAIL TO: Division of Business Services

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

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