State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

FILED

MAR 24 2020

Corporation ightarrow Filing period: January 1 - March 1

→ Filing Fee: \$50.00

BY	3249

Penalty: Additional \$25.00 fee if form is not filed by April 1.							
1. Entity ID Number	2. Exact name of the Corporation				• 0	_	
000 163 131	la	My BA	wn E	<i>77)</i>			
3. Principal Office Address By Poule Va	ard	7	City	to Town	State	21p	
4. NAICS Code		on of the characte	r of business c	onducted in Rhode	e Island		
1 451140	_						
5. State of Incorporation Alade Island		Sales	and re			rvices	
7. List ALL officers (names and add President Name	resses)		Ivino Bassidani		ck the box to indi-	cate an attachment	
Lanv Bro	ut A		Vice-President Name				
Street Address Rowleran	/		Street Address	Same	7		
City 44 (1)	State 1	Zip	City	94//	State	Zip	
MINNE JOWN	AL	028112	<u></u>			.	
Secretary Name	MILLA	-	Treasurer Nan	ne Da	HUNA		
Street Address			Street Address				
Same				Sall			
City	State	Žip	City		State	Zıp	
8. List ALL directors (names and ac	ldresses)	l	<u> </u>	Che	l ck the box to indi	cate an attachment	
Director Name		_	Director Name		<u> </u>		
lany pra	V1						
Street Address Same	•		Street Address	S			
City	State	Zip	City		State	Zip	
Director Name			Director Name		•		
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authonzed	<u> </u>	10. Shares Issue	d .	Che	ck the box to indi	çate an attachment	
This information is currently of recor	d in the	NUMBER OF S		CLASS SEF	RIFS	PAR VALUE	
Department of State. Changes require an additional filing.		100	9	Commo	21	Na Far	
Changes require an additional filling.					′		
11. This report must be executed or	n behalf of the cor	poration by an au	lhorized repres	entative. If the cor	poration is in the	hands of a receiver or	
trustee, this report must be execute	d on behalf of the	corporation by the	e receiver or tr	ustee.			
Under penalty of perjury, i declar statements, and that all statemen	nts contained he			ncluding any acc	ompanying sche	edules and	
Name of Authorized Representative							
HEARTY PAYON, ENT. 1 5/1/20							
Signature of Authorized Representa		STANA	ジカ.NT PERE			,	
<i>[</i>	MI	1 ANIHV					
MAIL TO:	// //						

Division of Business Services

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