RI SOS Filing Number: 202039039460 Date: 4/30/2020 2:28:00 PM

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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

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

R.I. DEPT. OF STATE

BUS SYCS DIV

2020 APR 30 PM 2: 27

1, Entity ID Number	Exact name of						
93962							
	1-11-74		-		In		
3. Principal Office Address	4		City	ń	State	Zip	
22 Hoxsie 7	d		Kichni	ond	127	02892	
4. NAICS Code	6. Brief description	n of the character	of business o	onducted in Rhode Isla	and		
121118 F							
23 6118 G. Brief description of the character of business conducted in Rhode Island + build, renovate, repair, remodel real estate 5. State of Incorporation							
5. State of Incorporation							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name	•		Vice-President		10 DOX TO IIIGI	rara an arraminiciir 🔲	
Brian S. Tel	5. Reid						
Street Address				Street Address			
22 HOX578 R	d						
City	State 72 I	Zip 2892	City		State	Zip	
Kichmond	157	D3847			<u> </u>	<u> </u>	
Secretary Name			Treasurer Nam	Treasurer Name			
Street Address			Street Address				
	In	T=:	0.4		Ic	<u>, M</u>	
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
List ALL directors (names and ad Director Name	u162262)	.	Director Name		IG DOY TO THUS	vale all attavillient []	
Director Harrie			Director Herrie	•		7	
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name	:			
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Shares Authorized This Information is currently of record	d in the	10. Shares Issue NUMBER OF SI		Check to CLASS/SERIES	וט גטע פו	par value	
Department of State.					Τ	/	
	•	100		CNP		Ø	
Changes require an additional filing.	•						
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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 accompanying schedules and							
statements, and that all statements contained herein are true and correct.							
Name of Authorized Representative Date , ,							
1 Roon C	. 17010	5 X	•	CU ED	1 4/2	12020	
D11941 J	<u>, 100.10</u>	7	<u> </u>	FILED	<u> ' </u>	14000	
Signature of Authorized Representative Sign DOCUMENT HERE . 20 9 0 2020							
Suan du 2 SIGN DOCUMENT HERE APR 3 0 2020							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov 4. A. 2.38 P.W.

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