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BUS. SERVICES DIV.

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001677378		2. Exact name of the Corporation Cibao Cloud Technologies, Inc.												
3. Principal Office Address 60 Almy Knoll Terrace			City Portsmouth	State RI	Zip 02871									
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island Computing infrastructure and development services, including edge computing, cloud computing, machine learning and artificial intelligence.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Kially Ruiz			Vice-President Name Madeline Medeiros Ruiz											
Street Address 60 Almy Knoll Terrace			Street Address 60 Almy Knoll Terrace											
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871									
Secretary Name NONE			Treasurer Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Kially Ruiz			Director Name Madeline Medeiros Ruiz											
Street Address 60 Almy Knoll Terrace			Street Address 60 Almy Knoll Terrace											
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871									
Director Name NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>NONE</td> <td>NONE</td> <td>NONE</td> </tr> <tr> <td>NONE</td> <td>NONE</td> <td>NONE</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	NONE	NONE	NONE	NONE	NONE	NONE
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
NONE	NONE	NONE												
NONE	NONE	NONE												
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. <u>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.</u>														
Name of Authorized Representative Kially Miguel Ruiz					Date 10/26/20									
Signature of Authorized Representative <i>Kially M. Ruiz</i>														

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

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FORM 630 - Revised: 08/2020