RI SOS Filing Number: 202185926740 Date: 1/12/2021 8:57:00 AM

State of Rhode Island Department of State - Business Services D Annual Report for the year: Corporation Filing penod: January 1 - March 1 Filing Fee: \$50.00 Penalty: Additional \$25.00 fee if form is not filed by April 1.			ARCEL VED RULDEP LOCKSTATE BUE SYOS DIV 2121 OCT -7 PM 2: 50					
								1. Entity ID Number 000123180
3 Principal Office Address 14 Regalta Way			City Portsmouth	*		State Zip RI 02871		
4. NAICS Code 531190 5. State of Incorporation R1	l der of business o	onducted in Rhode I		2021 JAN	R.I. DEP			
7. List ALL officers (names and	eddresses)			Check	the box to i	ndicate et	attaonment 🗆	
President Name Jeff Thomases Street Address		Vice-President Name Daniel Kerr Street Address 14 Regatta Way			VED.			
Street Address 15 East 26th Street, 2nd Floor					⇔ <u>√</u>	A		
City New York	State NY	^{Zip} 10010	Crty Portmou		State RI	54	2871	
Secretary Name	Treasurer Nam	Treasurer Name						
Street Address	Street Address	Street Address						
City	State	Zip	City		State	- 1	Zip	
B. List ALL directors (names and Director Name	addresses)		Director Name		the box to i	ndicate ai	n attachment 🗖	
			Director Haine					
Street Address			Street Address					
City	State	Zip	City	City		State Z _I p		
Director Name			Director Name	Director Name				
Street Address	Street Address	Street Address						
City	State	Zıp	Спу		State		Zip	
9. Shares Authorized 10. Shares Is								
This information is currently of record in the Department of State,		200	SHARLS	CLASS/SERTE:	<u> </u>	O PAR VALUE		
Changes require an additional filing.								
11. This report must be execute	d on behalf of the	corporation by an	authorized repres	entative. If the corpo	oration is in	the hands	of a receiver or	
trustee, this report must be executed under penalty of perfury, I dec	clare and affirm t	hat i have examin	ed this report, li	us(ee. ncluding any accon	npanying s	chedules	and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date			
DANIEL KEAR					10/6/2020			
Signature of Authoritan Representative						F	ILED	
MAIL TO:			·			1/1	N I 2 2021	

148 W River Street Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri gov