RI SOS Filing Number: 202186135880 Date: 1/13/2021 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year	ar:
Corporation	

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

JAN 1 3 2021 28 78 0 5

1. Entity ID Number	2 Evact name of	the Corporation						
601645	2. Exact name of the Corporation							
3. Principal Office Address	Calh Cast chennich State P. I Orris							
65 mish	calh		East Steenwich		State P. ±	Zip OZPIF		
6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
	They marulto			Vice-President Name				
Street Address Street Address								
City East Arenwich	State R.3	Zip OZZIF	City		State	Zıp		
Secretary Name	1			Treasurer Name				
Street Address				Street Address				
City	State	Zip	City		State	Zip		
8. List ALL directors (names and ad	ldresses)		-1. <u></u>	Check th	ne box to indicat	te an attachment		
Director Name Thiggy omanula			Director Name					
Street Address 65 mishy Oal B			Street Address					
City East Awards	State P.+	ZIP OLPIT	City		State	Zıp		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issue						
Department of State.		200	Ţ _	CLASS/SFRIES		PAR VALUE		
Changes require an additional filing.	NO Change	-				- ' ~ (
11. This report must be executed o		•	•	•	ation is in the ha	ands of a receiver or		
trustee, this report must be execute Under penalty of periusy. I declar					anvina schod	ules and		
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 1921								
Signature of Authorized Representative								
my of vitarion								

MAIL TO:

Division of Business Services

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

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