RI SOS Filing Number: 202192076760 Date: 2/18/2021 4:00:00 PM

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State of Rhode Island Department of Sta						
Annual Report for the year:			FEB 18 2021 5TA.11			
Corporation QQX			12126			
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00			B _ 3 50			
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.				,	U' -1' -U-	
1. Entity ID Number	2. Exact name of					
000126611		·	1. T	augustin on	Le .	TAK.
3. Principal Office Address	T July	C)	City	ruest mer	State	Zip
216 Ghan 6	ROS KEE	æd	Mil	daletour	RI	02842
4. NAICS Code	for business conducted in Rhode Island cum two of any domestic finn ar guranust aging.					
5/2/10	Inva	st in sec	cum la	s of any	aon	2011C
5. State of Incorporation	on f	oheigh.	firm	ar gwen	mes	ig in
7 List ALL officers (names and add	<u> </u>		,			
7. List ALL officers (names and addresses) President Name			Check the box to indicate an attachment Uvice-President Name			
Street Address			Street Address			
216 (Than	CKEIS 13	ead	Street Address	3		
City Middle town	State	2p 842	City		State	Zip
Secretary Name	1 74-2	100092	Treasurer Nar	ne	1	<u> </u>
Street Address	Street Address					
City	State	Zip	City		State	Zip
8. List ALL directors (names and ac	idresses)	· · · · · · · · · · · · · · · · · · ·			he box to ind	icate an attachment
Director Name	Director Name					
Street Address			Street Address			
City	State	Zip	City		State	Zıp
Director Name	<u> </u>	<u> </u>	Director Name		<u> </u>	
			Director Name			
Street Address			Street Address			
City	State	Zıp	City		State	Zip
9. Shares Authorized]	10. Shares Issue	<u> </u>	Check th	he hay to ind	icate an attachment
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
Department of State. Changes require an additional filing.		$oxedsymbol{\mathscr{P}}$,		.91
11. This report must be executed or					ation is in the	hands of a receiver or
trustee, this report must be execute Under penalty of perjury, I declar					oanvina sch	edules and
statements, and that all statements. Name of Authorized Representative	nts contained hei	rein are true and	correct.			
Andrew F.		2/12/21				
Signature of Authorized Representa	ative	X	W_			
MAIL TO:	-	 X				
Division of Business Services 148 W. River Street, Providence, Rhode	Island 02904-2615	1				
Phone: (401) 222-3040 Website: www.sos.ri.gov	101G11G 02304-2013				FOR	RM 630 - Revised: 08/2020