(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. 1. Entity ID Number Exact name of the Corporation 3. Principal Office Address 02920 6. Brief description of the character of business conducted in Rhode Island State of Incorporation ISINGS TORMS Check the box to indicate an attachment List ALL officers (names and addresse Vice-President Name President Name Street Address Street Address State Zip City Treasurer Name Secretary Name Street Address Street Address State Zip City State Zip City Check the box to indicate an attachment List ALL directors (names and addresses) **Director Name Director Name** Street Address Street Address Zip . State City Zip City State Director Name Director Name Street Address Street Address Zip State City State Zip City Check the box to indicate an attachment [9. Shares Authorized 10. Shares Issued CLASS/SERIES NUMBER OF SHARES This information is currently of record in the Department of State. Changes require an additional filing. 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 2021 Signature of Authorized Representative

RI SOS Filing Number: 202193285620 Date: 2/25/2021 4:00:00 PM

MAIL TO:

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