RI SOS, Filing Number: 202193428540 Date: 3/1/2021 2:46:00 PM

| State of Rhode Island Department of State | e - Business | Services Di | vision | | | | |
|---|--|---|---|---------------------------------------|--------------------|---------------------------------------|--|
| Annual Report for the yea Corporation | r: | 2019 | | | , | , | |
| → Filing period: January 1 - Ma → Filing Fee: \$50.00 | | | | | | | |
| > Penalty: Additional \$25.00 fee | | <u> </u> | | | | | |
| 1. Entity ID Number | 2. Exact name of ANU D /P | • | mel 0 f | Ichstm Z | EW C | | |
| 3. Principal Office Address 1450 ATWOOD AVENUE | | | City John | vstm | State RI | 2ip 02919 | |
| 4. NAICS Code 56/5/0 5. State of incorporation | · | n of the character | | onducted in Rhode Isla | and | | |
| 7. List ALL officers (names and addr | resses) | | | Check th | e hox to indicate | an attachment | |
| President Name NANCU (Di Gialio | | | Vice-President Name Alexia Di Giglio MANOINI Street Address | | | | |
| 186 MARTORA | 186 MARTORAM DR. | | | G Butsu WILLIAMS CIRCLE | | | |
| CRAnstm 1 | State | C2921 | 1000 | 195/m | State — | 2ip 02919 | |
| Secretary Name Street Address | Treasurer Name Street Address | | | | | | |
| City | State | Zip | City | | State | Zip | |
| | | 210 | City | | | | |
| List ALL directors (names and ad Director Name | Check the box to indicate an attachment Director Name | | | | | | |
| Street Address | | | Street Address 202 | | | | |
| City | State | 2 _{ip} | City | ···································· | State 25 | Zipiフ グリー ラフ | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | C.ty | | State | Zip: | |
| 9. Shares Authorized | | 10 Shares Issu | | | ne box to indicate | an attachment 🔲 | |
| This information is currently of recor Department of State. | d in the | NJMBER OF S | | CLASS/SERIES | | PAR VALUE | |
| Changes require an additional filing. | | | | <u> </u> | | | |
| 11. This report must be executed or trustee, this report must be executed | | | | | ation is in the ha | nds of a receiver or | |
| Under penalty of perjury, I declar statements, and that all statemen | re and affirm that nts contained he | I have examine | d this report, i | | | les and | |
| Name of Authorized Representative | | Date 9/26/2/ | | | | | |
| Signature of Authorized Represent | ative / | / · · · · · · · · · · · · · · · · · · · | FI | LED | | | |
| MAIL TO: | (X DOX) | yus | | · · · · · · · · · · · · · · · · · · · | <u>.</u> | · · · · · · · · · · · · · · · · · · · | |
| Division of Business Services | | - | MAF | 0 1 2021 | | | |
| 148 W River Street, Providence, Rhode Phone: (401) 222-3040 | island 02904-2615 | | N | 18404 | OM | nan maaala kanniin | |
| Website: www.sos.rr.gov | | | 24.1. A | A. Q.4 | WK' FORM | 630 - Revised: 08/202 | |
| | | | V. | , , | | | |