State of Rhode Island  Department of St	ate - Busine	ss Services C	Division		FILED	
Mars				u	AR 5 2021	3.5.3
Annual Report for the ye Corporation	<del>- 2</del>	02/	_	67), A	AR 5 2021	
•	Administration of			EV.	12000	ſ
→ Filing period: January 1 -	marcn 1			~ '->&	1200	†
<ul><li>→ Filing Fee: \$50.00</li><li>→ Penalty: Additional \$25.00</li></ul>	fee if form is no	t filed by April 1.				
1. Entity ID Number	2. Exact name	of the Corporation				
00000 7828	SAHO	Lowescape	e & lors	Kuttor	10. (NO	•
3. Principal Office Address	1 11		City		State	Zip
1 WINTER 500	15-15-P		JUIN	ster	14-1	02919
4. NAICS Code	6 Brief descri	ption of the charact	er of business ∝	onducted in Rhode	Island	
333120	AU.	ASPECTS O	4 54 64	ustur, W	younge,	Site Plop
5. State of Incorporation	7 1 1 1	olated	Mecello	, ,	, ,	•
V.2	4	,60,110	00000			
7. List ALL officers (names and a	ddresses)	<u> </u>		Chec	k the box to indic	ate an attachment
President Name	- la		Vice-President		<u> </u>	
Street Address	740		Street Address	SLOW.	776	
31 DEVERIG	· Dive	٠	LS	- locus	in Del	ie
City (1) (10)	State 7	2ip 02921	City / 10	NStov	State	Zip
CK4V5Cov Secretary Name	1501	100121	Treasurer Nam		I KUZ	02900
	2360		U	sere So	e le	
Street Address	Duül	<u></u> ゲ	Street Address	1/4	11	·
City	State 7		City	704	State	Ζip
aroustu	bleck	210 UV9Z1	<u> </u>			<u> </u>
8. List ALL directors (names and	addresses)		Disaster Name	Che	ck the box to indi-	cate an attachment
Director Name			Director Name			
Street Address			Street Address			
		I =:				In:
City	State	Zip	City		State	Zip
Director Name	1,		Director Name	<del></del>		
			Tours A Address			
Street Address			Street Address			
City	State	Zip	City		State	Zip
O Charas Authorized		10. Shares Iss		Cho	at the boy to indi	cate an attachment
9 Shares Authorized This Information is currently of record in the		NUMBER OF		CI.ASS/SEF		PAR VALUE
Department of State.		50	0	Stock &		1.00
Changes require an additional filing.		0				
11. This report must be executed					poration is in the	hands of a receiver
trustee, this report must be executively the trustee, this report must be executively for the trustee, this report must be executively the trustee, the trustee, this report must be executively the trustee.	ited on behalf of	tne corporation by that I have examine	ne receiver or tre ad this report, in	ustee. Icludina anv acci	ompanving sche	dules and
statements, and that all statem						
Name of Authorized Representat					Date	

MAIL TO:

**Division of Business Services** 

Signature of Authorized Representative

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

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