RI SOS Filing Number: 202194884110 Date: 3/23/2021 12:56:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual	Report for	the	year:
Corpora	ation		

2001



→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

——————————————————————————————————————	ee ii ioiiii is iioi	Tilled by April 1.				· · · · · · · · · · · · · · · · · · ·		
Entity ID Number	2. Exact name of the Corporation							
001672767 3ed Amplitue Inc								
Principal Office Address			City		State	Zip		
4 Fox Place F	4 Fox Place Floor 2		PROV	idence	RI	02903		
4. NAICS Code	6. Brief descrip	otion of the characte	r of business o	conducted in Rhode	Island			
541511	ەك ل	Hwale	Develop	pmend				
5. State of Incorporation	5. State of Incorporation							
7. List ALL officers (names and ad	dresses)			Check	the box to indi	cate an attachment 🔲		
President Name			Vice-President Name					
Street Address			Street Address					
City	State	Zıp	City	·	State	Zip		
Secretary Name	1		Treasurer Name					
Street Address	i		Street Address					
City	State	Zip	City		State	Zıp		
8. List ALL directors (names and a	ddresses)		1	Check	the box to indi	cate an attachment		
		Director Name	Director Name					
Street Address Place FL2		Street Address						
Peovidence	State	02903	City		State	Zip		
Director Name		Director Name						
Street Address		Street Address						
City	State	Zıp	City		State	Zıp		
9. Shares Authorized		10. Shares Issue	ed Check the box to indicate an attachment					
This information is currently of reco	ord in the	NUMBER OF S		CLASS/SERIE		PAR VALUE		
Department of State.		1,000.	00	o cwp		\$ 2000		
Changes require an additional filing	•	7,000	-	0.001		4.0100		
11. This report must be executed a	on habalf of the s	orporation by an ar-	thousand con-	contativo If the see	oration in in the	hands of a consister of		
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 decla	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								
Vincent Mesolella 3/2/21								
Signature of Authorized Representative								
FILED								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri gov MAR 23 2021

BY Cu KBY49

FORM 630 - Revised: 08/2020

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