Date: 3/24/2021 4:00:00 PM 3180

•		RI SOS	Filing Number: 20219491

State of Rhode Island . Department of State - Business Services Division

Annual Report for the year:

2021

**STAMP** 

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00	) fee if form is r	not filed by April 1						
Entity ID Number		ne of the Corporal		<del></del>	<del></del>			
000504763	L KR	AKC AGJU	ST, INC					
Principal Office Address			City	•	State	Zip		
110 Remington	Ave.		OAKLA	ond	RI	02868		
4. NAICS Code		cription of the char	acter of business of	conducted in Rhode	e Island	1 0		
44 13 10			. ,	$\sim$ / $_{-}$				
State of Incorporation	T AFR	n MARKET	ON LINE I	Product SI	oles			
Rhody ISLAND		•						
7. List ALL officers (names and a	iddresses)			Check the box to indicate an attachment				
President Name	lua h		Vice-Presiden	Vice-President Name				
Street Address	yen		Street Addres	Street Address				
1	3V9.							
CITY PAKLANIA	State	Zip 2850	F City —		State	Zıp		
Secretary Name		1 4 7.5 00	Treasurer Nar	Treasurer Name 20				
Street Address	Street Addres							
0.7	Ta	<del></del>				DETE DETE		
City	State	Zıp	City		State			
List ALL directors (names and Director Name	addresses)		IO		ck the box to inc	licate an attachment 🗆		
			Director Name	e 		.21 MATA		
Street Address	-		Street Addres	Street Address 🕥 🖽				
City	State	Zıp	City		State	Zip		
Director Name			Director Name	Director Name				
Street Address			Street Addres	Stroot Address				
			Sileer Address	3				
City	State	Zıp	City		State	Zip		
9. Shares Authorized		10. Shares	lssued	sued Check the box to indicate an attachment				
This information is currently of red Department of State.	cord in the	NUMBER	NUMBER OF SHARES		RIFS	PAR VALUE		
	1,00	0	CNP		0,0000			
Changes require an additional filin	ng.		-					
11. This report must be executed	on behalf of th	e corporation by a	n authorized repre	sentative. If the cor	poration is in the	e hands of a receiver or		
trustee, this report must be execu	uted on behalf of	of the corporation t	by the receiver or to	rustee.	_			
Under penalty of perjury, I dec statements, and that all statem	rents containe	tnat i nave exam d herein are true	iined this report, i and correct.	including any acc	ompanying sci	nedules and		
Name of Authorized Representat	tive	· <del>-</del>		Date , ,				
Liter	FETER	A. SAWYER	,		3/2	12/2021		
Signature of Authorized Represe	entative	1		FILED	)	· · ·		
	514D 0 4 2021							

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 **2 4** 2021