CAN'S of Disade to Lor							
State of Rhode Islan  Department of	ng f State - Busin	ess Service:	s Division				
Annual Report for the Corporation		n i sav≓N	)				
→ Filing period: January		R.I. DEPT. OF STATE BUS SYUS DIV					
<b>•</b>	STATIVED.						
→ Filing Fee: \$50.00 → Penalty: Additional \$25	5.00 fee if form is no	ot filed by April 1	RECEIVED PT OF STATE	DI MAR 24 AM	U: 13		
1. Emily in Number	- Le ram nam	ie or toe Lombinan	anaruni 🛌 iliu		,, ,,		
116910,	Shirk	2021 H	مرايد.	ı L			
Principal Office Address		2021 141	All J City	t 1	State	Zip	
675 Bristol Ferry Rd			Ports	imouth	RI	02871	
4. NAICS Code	6. Brief desci	ription of the char	acter of business o	conducted in Rhode	lsland		
5. State of Incorporation	- Ce	)mmerci,	al Fish	iib)			
7. List ALL officers (names ar	nd addresses)			Chan	sk the hey to indic	ata an attachmant D	
President Name 1 1	1 11 1		Vice-President		k the box to indic	ate an attachment	
Street Address LUKE Wheelerz			C4== 4 4 d d== =				
675 Bristol terry Kd			Street Address	5			
city Portsmouth	State R	E Zip 0287	City		State	Zıp	
Secretary Name	Treasurer Nan	Treasurer Name					
Street Address	Street Address	Street Address					
City	State	Zip	City		State C	ri Cip Rici	
8. List ALL directors (names a	and addresses)			Cher		ate an attachment 🗖	
Director Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Director Name				
Street Address	Street Address	Director Name  Street Address					
City	State	Zip	City		State	Zip	
Director Name			Director Name	Director Name			
Street Address	Street Address	Street Address					
			oli eet Address	<b>.</b>			
City	State	Zip	City		State	Zip	
9 Shares Authorized	I	10. Shares I	ssued	Chec	k the box to indic	ate an attachment 🔲	
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SERIES			PAR VALUE	
1	<b>51</b> -	<u> </u>	3000	A		\$ 10.01\$	
Changes require an additional	tiling.						
11. This report must be executrustee, this report must be ex					poration is in the I	nands of a receiver or	
Under penalty of perjury, I d	declare and affirm t	hat I have exam	ined this report, it	ncluding any acco	empanying sche	dules and	
statements, and that all sta Name of Authorized Represe	1 1				Date		
or latifolized Nepiese	Luke	Wheeler	_			22 2:	
Signature of Authorized Repr	esentative / /	112.1.	-	ILED C			
<u>, , , , , , , , , , , , , , , , , , , </u>	we	-rewe					
MAIL TO:			AIAI	21 2021			

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.n.gov

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