RI SOS Filing Number: 202196665320 Date: 5/17/2021 4:00:00 PM

Annual Report for the yea Corporation	3r: <u>&</u>	021	_		RECEIVE	1	
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 			R.I. DEPT. OF STATE BUS SVCS DIV				
. Entity ID Number				2021		-1: 20	
505616		of the Corporation	Co. N. J. Caraci	ر د ا	•	• •	
J. Principal Office Address		My whose I you ce to	Control Service	cel, The	State	Zip	
& Belcourt Avenue			North Provi	lence	RT	02911	
. NAICS Code 6. Brief description of the character			er of business conduct	ted in Rhode Isla	and		
591519 State of Incorporation	Provide	automatich (iervices for p	nanutactur	ina Cumpai	nićs	
rī					1 1		
 List ALL officers (names and add President Name 	resses)		Vice-President Name	Check th	e box to indica	ate an attachment	
John latrick Tallarico			None				
Street Address 8 Belcom + Ave.			Street Address				
City	State	Zip	City		State	Zip	
North Providence Secretary Name	RI	02911	Treasurer Name				
None			July Patrick Tallarico				
Street Address			Street Address				
City	State	Zîp	City	W.C.	State	Zip	
3. List ALL directors (names and ad	dresses)			Check th	ne box to indica	ate an attachment	
Director Name Take Patrick	Tallariro		Director Name	ýnc.			
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address	vnr.			
SAme	State	Zip	City	<u>.</u>	State	Zip	
		<u></u>					
Viscolos Maria				Director Name			
Director Name				<u> </u>			
Director Name None		<u> </u>	Street Address				
None	State	Zip		<u> </u>	State	Zip	
None Street Address City Shares Authorized		10. Shares Issu	Street Address City				
None Street Address City			Street Address City	Check th		Zip ate an attachment PAR VALUE	
None Street Address City Shares Authorized This information is currently of record		10. Shares Issu	Street Address City			ate an attachment	
Shares Authorized This information is currently of recordepartment of State. Changes require an additional filing.	d in the	10. Shares Issu NUMBER OF S	City ed SHARES	CLASS/SERIES	ne box to indica	PAR VALUE	
Street Address Only On	d in the	10. Shares Issu NUMBER OF	Street Address City ed SHARES	CLASS/SERIES	ne box to indica	PAR VALUE	
Street Address City Shares Authorized This information is currently of record partment of State. Changes require an additional filing. 1. This report must be executed or rustee, this report must be execute. Inder penalty of perjury, I declare.	d in the n behalf of the co	10. Shares Issue NUMBER OF STATE OF STA	City ed shares withorized representative receiver or trustee. d this report, includia	ciass/series	ne box to indica	D, O)	
Shares Authorized This information is currently of recordepartment of State. Changes require an additional filing.	d in the n behalf of the co d on behalf of th e and affirm the its contained h	10. Shares Issue NUMBER OF STATE OF STA	City ed shares withorized representative receiver or trustee. d this report, includia	ciass/series	ne box to indica	D, O)	
Street Address City D. Shares Authorized This information is currently of record partment of State. Changes require an additional filling. 1. This report must be executed or rustee, this report must be execute finder penalty of perjury, I declarate tatements, and that all statements where the statements is the statement of Authorized Representative.	d in the n behalf of the co d on behalf of th e and affirm the its contained he	10. Shares Issue NUMBER OF STATE OF STA	City ed shares withorized representative receiver or trustee. d this report, includia	ciass/series	ation is in the h	D, O) ands of a receiver	
Street Address City Department of State. Changes require an additional filing. 1. This report must be executed or rustee, this report must be executed inder penalty of perjury, I declaratements, and that all statements.	d in the behalf of the cod on behalf of the and affirm the ats contained he	10. Shares Issue NUMBER OF STATE OF STA	City ed shares withorized representative receiver or trustee. d this report, includia	ciass/series	ation is in the h	D, O)	

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

Website: www.sos.ri.gov

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FORM 630 - Revised: 08/2020