State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
MAY 28 2021
BY 3683648

1. Entity ID Number	2. Exact name of the Corporation
16405	Helio Blend Corporation

3. Principal Office Address	City	State	Zip
c/o Hughes Hubbard & Reed, One Battery Park Plaza	New York	NY	10004

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
~~53 Real Estate and Rental~~ 531110	Real Estate Holding
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Susan L. Wagner	c/o Hughes Hubbard & Reed, One Battery Park Plaza	New York	NY	10004

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Neal B. Leonard	c/o Hughes Hubbard & Reed, One Battery Park Plaza	New York	NY	10004

Treasurer Name	Street Address	City	State	Zip
Neal B. Leonard	c/o Hughes Hubbard & Reed, One Battery Park Plaza	New York	NY	10004

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		

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 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
NEAL LEONARD	5/17/2021

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020