RI SOS Filing Number: 202104492420 Date: 11/2/2021 11:56:00 AM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Amended	
address change	

→ Penalty: Additional \$25.00 fe	ee if form is not fil	led by April 1.		~					
Entity ID Number		f the Corporation			-				
001716163	LO	pes In Suit 700 P.M.B. 896	LOTPUTO	ated.					
Principal Office Address		Suit 700	City		State	Zip			
10 Dorrance S	Street	P.M.B 896	PROVIC	lence	RJ	02903			
NAICS Code 6. Brief description of the character of business conducted in Rhode Island									
531110	53110								
5. State of Incorporation	1/0111 / 0 VChm / 0								
RI									
7. List ALL officers (names and add	resses)			Check tl	he box to indi	cate an attachment			
President Name Lavonna	Vice-President Name					2			
Street Address Phonix	Are.		Street Address	188 Phonix	a Are.	N 121 N			
City Cransten	State RJ	Zip UGD	City CRav		State	V Z0252			
Secretary Name	<u> </u>	1 - [Treasurer Nami		1 10	- SAC			
Street Address			Street Address						
City	State	Zip	City		1	Zip III			
8. List ALL directors (names and ad	idresses)	<u> </u>	<u>l</u>	Check t	1	cate an attachment			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zıp	City		State	Zip			
Director Name	<u> </u>	<u> </u>	Director Name			<u>_</u>			
Street Address			Street Address						
City	State	Zip	City		State	Zip			
	Siele	E-ip	City		Jiale	21μ			
9. Shares Authorized		10. Shares Issue				cate an attachment			
This information is currently of recor Department of State.	ra in the	NUMBER OF SI	MAKES	CLASS/SERIES		PAR VALUE			
Changes require an additional filing.		1,000		CNP		<u> </u>			
and the second s		j							
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									
Lawno Momo 11/2/2021.									
Signature of Authorized Representative									
L'Akon									
MAIL TO:			10 V 0 000						

Division of Business Services

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

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

11:56

FORM 630 - Revised: 08/2020

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

November 02, 2021 11:56 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

