RI SOS Filing Number: 202104758670 Date: 11/4/2021 12:10:00 PM

Department of Sta	d Providence Plani I te - Busìnes :		ivision			
Annual Report for the ye	•			$R_{J_{\hat{\Sigma}}D\hat{\mathcal{E}}}$	\$ 15,245	ν. ε
Corporation	R.I. DEALE VILLA TO					
→ Filing period: January 1 - March 1			2021 OCT 12			
Filing Fee: \$50.00			2021 OCT 13 PM 12: 54			
→ Penalty: Additional \$25.00 fe	ee if form is not fil	ed by April 1.			14.04	
Entity ID Number	2. Exact name of	the Corporation				
000160963 3. Principal Office Address	Down	6 ASS	OCIATES,	INC	State	Zip
5853 POST	RD Su	tean 30	GAST GA	EN WICH	PI	02218
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island					
523930 5. State of Incorporation	TAY, INSURANCE AND INVESTMENT SUS.					
RI	<u> </u>					
7. List ALL officers (names and add President Name	tresses)		Tylina Descident No		e box to indicate	an attachment
President Name	Vice-President Name					
Street Address 5853 POST RD JUITE 2039			Street Address			
City FAST GREENWIC 1-1	State	Zip 028/8	City		State	Zip
Secretary Name			Treasurer Name 282 2			
Street Address			Street Address E			
City	State	Zip	City	····	State 1	Zip
List ALL directors (names and addresses)			Check the box to indicate an attachment □			
Oirector Name			Director Name			
Street Address			Street Address			
	T	Zip	City		State	Zip
City	State					1 1
	State		Director Name			_!
City	State		Director Name Street Address			
City Director Name	State	Zip			State	Zip
City Director Name Street Address City 9. Shares Authorized / 0, 000	State	Zip 10. Shares Issue	Street Address City			an attachment 🔲
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City Director Name Street Address City 9. Shares Authorized / 0, 000 This Information is currently of recoi	State	Zip 10. Shares Issue	Street Address City ed O HARES		e box to indicate	an attachment 🔲
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City Director Name Street Address City 9. Shares Authorized / 0, 000 This Information is currently of record Department of State. Changes require an additional filling. 11. This report must be executed of trustee, this report must be executed.	State ord in the	2ip 10. Shares Issue NUMBER OF S / 0, 000 poration by an au	City ed O mares thorized represente receiver or trust	CLASS/SERIES Italive. If the corporates.	te box to indicate	an attachment PAR VALUE Of a receiver or
City Director Name Street Address City 9. Shares Authorized / 0, 000 This information is currently of record Department of State. Changes require an additional filling. 11. This report must be executed on trustee, this report must be executed Under penalty of perjury, I declar statements, and that all statements.	State In behalf of the cored on behalf of the re and affirm that nts contained he	2ip 10. Shares Issue NUMBER OF S / 0, 000 poration by an au corporation by th	City ed O HARES thorized representer receiver or trust of this report, incl	CLASS/SERIES Italive. If the corporates.	te box to indicate	an attachment PAR VALUE Of a receiver or
Director Name Street Address City 9. Shares Authorized / 0, 000 This information is currently of record Department of State. Changes require an additional filling. 11. This report must be executed on trustee, this report must be executed Under penalty of perjury, I declar statements, and that all statements.	State on behalf of the cored on behalf of the re and affirm that nts contained here	2ip 10. Shares Issue NUMBER OF S / 0, 000 poration by an au corporation by th	City ed O HARES thorized representer receiver or trust of this report, incl	CLASS/SERIES Italive. If the corporates.	te box to indicate	an attachment PAR VALUE Of a receiver or
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