RI SOS Filing Number: 202105356640 Date: 11/24/2021 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

RECEIVED R.I. DEPT. OF STATE **BUS SVCS DIV** 

. 2021 NOV 24 P 12: 03

Annual Report for the year:

Corporation

2022 → Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00	fee if form is n	ot filed by April 1.					
1. Entity ID Number		ne of the Corporation					
156/63 -	LAS	America	a Inc				
Principal Office Address		<del></del>	City	4	State	Zip	
177/19946	54.		Rusti	de	KT.	62907	
4. NAICS Code	6. Brief desc	cription of the chara-	cter of business cond	ducted in Rhode Is	_		
-441120							
5. State of Incorporation	7						
R T	B	15011 11	te Car	(al			
7. List ALL officers (names and ad	ddresses)	7 7 6 970	va cer	Check t	he box to indi	cate an attachment 🔲	
President Name	Vice-President Na	Vice-President Name					
Street Address	Street Address	Street Address					
City	State	Zip	City		Tetata	Izia	
City	State	Zip	City		State	Zip	
Secretary Name	Treasurer Name	Treasurer Name					
Street Address			Street Address	Street Address			
Marigages							
City flowed a	State T.	Zip 1907	∠ City		State	Zip	
8. List ALL directors (names and	addresses)			Check	the box to indi	cate an attachment 🔲	
Director Name			Director Name				
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
Director Name			Director Name	Director Name			
Street Address	Stroot Address	Street Address					
Olicel Address			Sireel Address				
City	State	Zip	City		State	Zıp	
9. Shares Authorized	<u>.</u>	10. Shares Is	sued	Check	L the box to indi	cate an attachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES			PAR VALUE	
		4	<i>&gt;</i>				
Changes require an additional filin	g.					<del></del>	
11. This report must be executed	on behalf of the	e corporation by an	authorized represen	tative If the coroo	ration is in the	hands of a receiver or	
trustee, this report must be execu	uted on behalf of	of the corporation by	the receiver or trust	tee			
Under penalty of perjury, I deci statements, and that all statem				luding any accom	panying sch	edules and	
Name of Authorized Representat	no conect.		Date				
Rilando 1	Due c	g da			11-2	42021	
Signature of Authorized Represe	otative		F	ILED			
	MOV 0 4 2024						

Division of Business Services

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

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

BY Co 36986

FORM 630 - Revised: 08/2020