RI SOS Filing Number: 202106797460 Date: 12/3/2021 3:49:00 PM

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State of Rhode Island Department of State - Business Services Division				PLOE VLD RULDEPT OF STATE			
Annual Report for the year	ar [.]			BUS SY	ns biy		
Corporation	<u> </u>	2021					
•				2021 DEC = 3	P# 3: 48	?	
→ Filing period: January 1 - M → Filing Fee: \$50,00	larch 1					• • • •	
→ Penalty: Additional \$25,00 fe	o if form is not 61	and have A world at					
	e ir iorm is not ni	ea by April 1.					
Entity ID Number	Exact name of	the Corporation		-			
144323	110	-1- 1	401	_	T 1 11		
Principal Office Address	Man	alima		herale	IN		
5. 1 Micipal Office Address	1 1 2		City /	, ,	State	Zip	
82 Agwiller	+ Ave		1 PAW 16	chet	1 R T_	02/60	
4. NAICS Code	6. Brief description	on of the character	of business condu	icted in Rhode Isla	and		
72251/		2	1				
5. State of Incorporation							
15. State of incorporation		,,					
02 '-							
7. List ALL officers (names and add	resses)	-		Check #	e hov to india	ate an attachment	
President Name	i		Vice-President Nam	ne	1		
Allahina GAIVAD			TALL GALVAU				
Street Address			Street Address				
6 Winterson	(2d			_ >01	ne.		
City	State	Zip 02865	City		State	Zip	
	rc I	0 28 65					
Secretary Name			Treasurer Name	••			
Street Address							
Street Vooriess			Street Address				
City	State	Zıp	Cib.		la.	·	
	Otate	210	City		State	Zip	
8. List ALL directors (names and ad	dresses)		<u> </u>	Chack th	l.	osto on effective and C	
Director Name			Director Name Check the box to indicate an attachment ☐				
Adulina GALVAD			TACK GALVAO				
Street Address			Street Address				
<i>>γ</i> ł	~~~		<u> </u>	_ 5M	Le		
City	State	Zıp	City		State	Zip	
Discours No.		<u></u>			<u>L</u>		
Director Name			Director Name				
Driston (gral var) Street Address							
Sireet Address	10-		Street Address				
City	State	17:0			lo	<u> </u>	
	Clate	Zıp	City		State	Ζιp	
9. Shares Authorized		10. Shares Issue	<u>l. </u>	Charlette			
This information is currently of record	d in the	NUVBER OF SH		CLASS/SERIES	ie pox to indic	PAR VALJE	
Department of State.		1.22					
Changes require an additional filing.		1,00 O	<u> </u>	_	_	\bigcirc	
Changes require an additional filing.		,					
11. This speed must be averaged as	L.L. W. (1)	<u> </u>					
11. This report must be executed or trustee, this report must be execute	i venait of the con	poration by an auth	norized representa	tive. If the corpora	ation is in the	hands of a receiver or	
Under penalty of perjury, I declar	e and affirm that	I have examined	this report inclu	ding any sees	anulas sata	dular and	
statements, and that all statemen	ts contained her	ein are true and c	ans report, mous correct.	any arry accomp	anying scne	uuits 8110	
Name of Authorized Representative					Date	· · ·	
	C 11/1	He J			,	/ 1- 1	
Signature of A. St.	GA/VP		1.拥护特		12/	3/2/	
Signature of Authorized Representative							
DÉC 3 2021							
//						-	
MAILTO:			APT .				
	V	-	. (1) (XXT 3	1.12		
Division of Business Services 148 W. River Street, Providence, Rhode		-a š) L De (1	XXP 3	5,49		

Website: www.sos.ri.gov