RI SOS Filing Number: 202215494230 Date: 4/15/2022 4:00:00 PM

Department of State - Business Services Division

Annual Report for the yea Corporation	r: <u>∂0</u>	22			APR 1	5 2022
→ Filing period: February 1 - M	lay 1			5	3Y /	4
→ Filing Fee: \$50.00	-			•	JI	
> Penalty: Additional \$25.00 fee						
1. Entity ID Number		f the Corporation	.00.00			
158554	Colle	GIATE		Ties IN	<u>ر</u> .	
3. Principal Office Address			City	AGANSEH	State アエ	2ip 12882
122 NORTH RIVE	•	-	Į.		<u> </u>	00000
53/3/1	·		oi business cor	nducted in Rhode Isl	ano	
5. State et Incorporation	X. 2.	MGMT				
7. List ALL officers (names and addr	resses)			Check ti	he hox to indic	cate an attachment
President Name			Vice-President N	Name _		
MARGUERITE M. SALVATORE Street Address			ANTONIO SALIATORE JR. Street Address			
122 NORTH RIVER DRIVE			SAME'			
NA RRA GANSEH	State R. エ.	2ip 02882	City		State	Zip
Secretary Name			Treasurer Name	<u></u>		
Street Address			MARGUERITE M. SALVATORE			
SAME '			SAME '			
City	State	Zip	City		State	Zip
8. List ALL directors (names and ad	dresses)	1	<u>. </u>	Check t	<u>1</u> he box to indi	cate an attachment
Director Name	······································	·	Director Name		· · · · · -	
Street Address			Street Address			-
			ļ			
City	State	Zip	City		State	Zip
Director Name		- L	Olrector Name	•	.	
Street Address			Street Address	·		
			0			
City	State	Zip	City		State	Zip
9. Shares Authorized		10. Shares Issue			he bax to indi	cate an attachment 🔲
Department of State		NUMBER OF S	· · · · · · · · · · · · · · · · · · ·		PAR VALUE	
Changes require an additional filing.		500)	STK		0.0100
Changes require an additional liling.			ļ			,
11. This report must be executed or					ration is in the	hands of a receiver or
trustee, this report must be execute Under penalty of perjury, I declar					panying sch	edules and
statements, and that all statemen	its contained he					
Name of Authorized Representative					Date //_ /2 - 2/12 >-	
MARGUERIYE M. SALVATORE 4-13-2002						
ISignature of Authorities Decise	tive					
Signature of Authorized Representa	ative					<u>-</u>
Signature of Authorized Representa	ative					

Division of Business Services

State of Rhode Island

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

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