State of Rhode Islan	ď		·				
Department of		iness Service:	s Division				
Annual Report for the	year:	2023					
Corporation		2009	<del></del>	PECE	VED RECE	VED	
→ Filing period: February	RECEIVED RECEIVED  R.I. DEPT. OF STATE  BUS SYCS DIVUS SYCS DIV						
→ Filing Fee: \$50.00 → Penalty: Additional \$25.	On fac if form in	mak Elizabe a sa		BUS SV	es dians ax	Q3 VP (	
Entity ID Number				በ፫ር <b>፲</b>	- เอาวป <u>ี</u> ปี)~	2 P 1: 15	
8/15/201		ame of the Corporat	ion	ivil bes	- ANTO-		
3. Principal Office Address	HVE	elling Se	Curity	Gross	Low		
			City 7		State	Zip	
4. NAICS Code	7in 55.	Suite 50	7 PAWY	riket	RT	02860	
5/0//.03	6. Brief des	scription of the chara	acter of business	conducted in Rho	ide Island	<del>-</del>	
5. State of Incorporation	Seci	m y					
o. State of incorporation	ļ						
7 Liet All off	i						
7. List ALL officers (names and President Name	addresses)			Ch	eck the box to ind	icate an attachment [	
LAWRINGE K Velino on			Vice-President Name				
Street Address 20 STA LANC			Street Addres	Street Address			
Chy	State	Zip					
orth Attlebon	M9.	02760	City		State	Zıp	
Secretary Name			Treasurer Na	me			
Street Address		<del></del>	Street Add				
City			Street Addres	·s			
City	State	Zip	City		State	Zip	
8. List ALL directors (names and	d addresses)					_   '	
Director Name	Director Name	Check the box to indicate an attachment Director Name					
Street Address		<u></u>					
			Street Addres	s			
City	State	Zip	City		State	Zip	
Director Name			Discourse			[2,6	
Street Add	Director Name	Director Name					
Street Address	Street Address						
City	State	Zip		City			
O Shara A A			Chy		State	Zip	
9. Shares Authorized This Information is currently of record in the		10. Shares Is:	10. Shares Issued		eck the box to indi	cate an attachment	
Department of State.		NUMBER O	NUMBER OF SHARES		ERIES	PAR VALUE	
Changes require an additional filing.		<u> </u>	400			$\sim$	
11. This report must be executed trustee, this report must be executed the first trustee.	on behalf of the	e corporation by an	authorized repres	entative. If the co	moration is in the	hands of a	
Circuit penalty of perjury, I dec	are and offirm	that I have any	1	ustee	en menutation and	manus of a receiver or	
Under penalty of perjury, I dec statements, and that all statem	nents contained	d herein are true er	ea this report, it	ncluding any acc	companying sch	edules and	
Name of Authorized Representa-	tive						

Aurace R Velino JR.

MAIL TO:

Division of Business Services

Name of Authorized Representative

Signature of Authorized Representative

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

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

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