RI SOS Filing Number: 202225112870 Date: 12/9/2022 10:39:00 AM

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1. Entity I	
4. NAICS 5. State of	Z
7. List ALL President N	ar

State of Rhode Island

Department of State - Business Services Division

Report for the year:

period. February 1 - May 1

Fee: \$50.00

→ Penalty: Additional \$25.0	30 fee if form is	not filed by May 31.			2022 000	0 4 10 -	
Entity ID Number	2. Exact na	ame of the Corporation			tett bec	-9 A 10: 38	
3. Principal Office Address	9 (Metal (1	9/2 (12)	100 I	Ko J		
	1 1		City		State	Zip	
734 Hard Con	1106	_	1700	noted in	1/20	0229	
4. NAICS Code	6. Brief des	scription of the characte	er of business con	ducted in Rhade I	sland		
44/120	.4	An Kakens	9		alene.		
5. State of Incorporation	7						
7 1:-4411 75							
7. List ALL officers (names and President Name)				Check	the box to ind	icate an attaches - 1 [7]	
- Value Villa Villa True ///			Vice-President Name Check the box to indicate an attachment				
134 HEAVIL AND			Street Address Street Address Hattin file				
City	State	Zp	City //	<u> </u>	1.03/ 1/2	<u>e</u>	
Secretary Name	<u> </u>	Zip (7.2) 9	City Process	else-	State	Zip (27/9/9/9/	
Secretary Name 1/2 // // // // // // // Street Address			Treasurer Name				
Street Address City State Zip			Street Address City State State Zip				
City Pelinelase	State	Zip Co., Co., C	City 1/2, 19-27	1 15 P	State,	Zip Cl, 452 47	
List ALL directors (names and	addresses)	The second of	1210-20	6.2%		Ch 450 475	
Director Name			Director Name	Check	the box to ind	icate an attachment [
			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
Director Name		<u></u>	Disortes Non-		<u> </u>		
			Director Name				
treet Address			Street Address				
City			1				
~ y	State	Zip	City		State	Zip	
. Shares Authorized		10 Sharas Isa					
his information is currently of rec	ord in the	10. Shares Issue	d WRES	Check to	he box to indi	cate an attachment	
epartment of State.				CDASSISERIES		PAR VALUE	
hanges require an additional filin	g.	600	<u>/</u>	<u> </u>	2	<i>`</i> \$5,	
 This report must be executed ustee, this report must be executed. 	on behalf of the	corporation by an auti	horized represent:	ative If the seems	Alian la la N		
ustee, this report must be executing a penalty of periusy I deal	ited on behalf of	the corporation by the	receiver or truste	e. a the corpor	ation is in the	hands of a receiver or	
	ai a anu animi	Marinava avaminad	44.i 	iding any accomp	panying sche	dules and	
tatements, and that all statements are of Authorized Representati	ve ve	nerein are true and c	orrect.				
/ \	A 1649/16				Date	Col	
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vision of Business Services			. 1. 1	$\alpha \lambda \omega \gamma V$	_	CADM!	

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

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

FORM 630 - Revised: 11/2021