




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

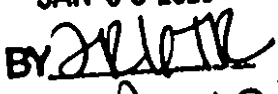
Annual Report for the year: 2022
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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| | | | | | |
|---|--------------------|---|-----------------------|-----------------------------|--|
| 1. Entity ID Number 001694429 | | 2. Exact name of the Corporation Brilliant Move, Inc. | | | |
| 3. Principal Office Address 228 East Rte 59 PMB 403 | | | City Nanuet | State NY | Zip 10954 |
| 4. NAICS Code 541614 | | 6. Brief description of the character of business conducted in Rhode Island Transportation solution for movement of goods | | | |
| 5. State of Incorporation MA | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Jean Brillant | | | Vice-President Name | | |
| Street Address 228 East Rte 59 PMB 403 | | | Street Address | | |
| City Nanuet | State NY | Zip 10954 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name Jean Brillant | | | Director Name | | |
| Street Address 228 East Rte 59 PMB 403 | | | Street Address | | |
| City Nanuet | State NY | Zip 10954 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 0 | | | 0.0010 |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. | | | | | |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | | |
| Name of Authorized Representative Jean Brillant | | | | Date Apr 15, 2022 | |
| Signature of Authorized Representative  | | | | FILED | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 FORM 630 - Revised: 10/2017