RI SOS Filing Number: 202325654270 Date: 1/4/2023 1:00:00 PM

State of Rhode Island

Department of Sta	ite - Bus <u>in</u> e	ess Services	Division			<u> </u>
Annual Report for the year	ar:	1)2				
Corporation						
Filing period: February 1 - I	RECEIVED R.I. DEPT. OF STATE CUS SYOS DIV					
→ Filing Fee: \$50.00	m 16.6 1	. 		Cha an	19 E.	
→ Penalty: Additional \$25.00 fe				J- MAI CENE	P 12: 58	
COOP TAGE	2. Exact name	of the Corporation	1			
3. Principal Office Address	LYOS	ha L	City, 2	NC	State	
840 Allens	Ave	Provide		Idence_	07	Zip
4. NAICS Code	6. Brief descri	ption of the charact	er of business con	ducted in Rhode Isla	and	02905
815410	1.1				200	
5. State of Incorporation	H00	kah d	300			
<u>KL</u>			,, –			
7. List ALL officers (names and addi President Name	resses)			Check th	e box to indicate	an attachment
L Zafer	Arda		Vice-President Na	ime 🔪 i		an attackment []
Street Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>~</u>	Street Address	1 High		
city Cospect St	State	7/0	122 1	awood A	re	
L Clareton	RI	Zip 0 29110	Cillorth	Providence	State 7	Zip CO II
Secretary Name			Treasurer Name	TIVVIOLOR		102911
Street Address			Street Address			
City			Street Address			· · · · · · · · · · · · · · · · · · ·
oncy	State	Zip	City		State	Zip
8. List ALL directors (names and add	resses)			Chack th	o hov to indicate	
Director Name			Director Name	Oneck (ii)	e box to indicate	an attachment
Street Address			Street Address			···
City	State	- I				
	State	Zip	City		State	Zip
Director Name		<u></u>	Director Name			1
Street Address	Street A de la constant					
Gh:			Street Address			
City	State	Zip	City		State	Zip
9. Shares Authorized		10. Shares Issue	ed			<u> </u>
This information is currently of record Department of State.	in the	NUMBER OF S	HARES	CLASS/SERIES	box to indicate	PAR VALUE
Changes require an additional filing.		1 1	00		80	01 0
- mingos reduite all auditional filing.					P U	0100
 This report must be executed on trustee, this report must be executed 	behalf of the co	orporation by an au	thorized represent:	ative If the corporat		
trustee, this report must be executed Under penalty of perjury 1 declare	on behalf of th	e corporation by th	e receiver or truste	e.	ion is in the nanc	Is of a receiver or
Under penalty of perjury, I declare statements, and that all statement. Name of Authorized Penalestatement.	s contained he	rein ave examined Prein are true and	f this report, inclu correct	ding any accompa	nying schedule	s and
Name of Authorized Representative					Date	
Later Data						
Signature of Authorized Representati	المستعيد	///			-1141/-	
	\sim	4		LED		
MAIL TO: Division of Business Services	1		IAN	0 4 2023		
48 W. River Street, Previdence, Rhode Is	(and 02904-2615	•	JAN I	" (UC)		
Phone: (401) 222-3040 Vebsite: www.sos.ri.gov			BY X	X TUU	01	
· 3 21			Ω	(1), 1. A.	FORM 630	-Revised: 11/2021
		I	M	1, 1,0=		