RI SOS Filing Number: 202325683900 Date: 1/5/2023 11:40:00 AM

Department of S	state - Busine	ess Services [	Division				
Annual Report for the y	(Aar:	2023					
Corporation	_	" RECE.					
→ Filing period: February 1 - May 1					• <i>i</i>	PEPTCIVED	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.				SVC STA			
Entity ID Number					<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	JAN -5	
070062414	2 Exact name	of the Corporation				À 11: 5	
3. Principal Office Address	10ew	POH 9010	1nc	_			
2503 East	Main	0 +	City	1 14	State	Zip	
4. NAICS Code		RD	POI	75 most	KI	00871	
7/13/0	b. Brief descrip	otion of the characte	er of business	conducted in Rhode	Island	<del></del>	
State of Incorporation	- Polo	and Ig	restria	an Promo	tions		
R T T T T T T T T T T T T T T T T T T T		le 7-1	1-5		_		
7. List ALL officers (names and a		18 /01.	, I J	] 			
President Name	1/ /		Vice-Preside	Check	the box to indica	te an attachment	
Street Address >	Keatir	7		nes Kur	tion		
16 4 5 6	ast n	Min et	Street Addres	ss 1/ -	1 - 40 -		
City	State	<del></del>	City //	2503 ta	<del> </del>	<u> </u>	
Secretary Name	W.L	178 Po	101	15 mouth	State	202871	
L Daniel	Kent.	~1	Treasurer Na	me V	entiry		
Street Address 2503 East Main all				Street Address / 2 - 4 - 5			
City \( \sigma \) \( \dagger \)	Ctata		100	2503 E	<u>1951</u> M	uin RD	
PORTSMOOT	WI	21p 27 871	City 601	ts mouth	State	Zip 87	
8. List ALL directors (names and a Director Name)	addresses)			Check	the box to indica	te an attachment	
DAME! Kpating			Director Nam	Agnes	1/ 1		
Street Address JSO3 East Main RN			Street Addres	s 7 (1) 7	Reatin	<del></del>	
City ()	Ctot		City //	2503 1	-95+ W	nain Rp	
Director Name	State RT	ZIPO2.871	10	15mush	State AT	202871	
			Director Name	e	<del></del>		
Street Address			Street Addres	<u> </u>			
City	State	17		<u> </u>			
	Clare	Z <sub>I</sub> p	City		State	Zip	
9. Shares Authorized This information is currently of reco		10. Shares Issue	d	Check	the box to indicat	e an attachment	
Department of State.		NUMBER OF SH	ARES	CLASS/SERIES		PAR VALUE	
Changes require an additional filing		1000				0	
		1					
<ol> <li>This report must be executed of trustee, this report must be execute</li> </ol>	on behalf of the co	rporation by an auti	horized repres	sentative. If the corpor	ration is in the ha	nds of a receiver or	
Under penalty of periury, I decla	re and affirm the	t I have aver-i	A	rustee.			
statements, and that all stateme. Name of Authorized Representativ	nts contained he	rein are true and c	correct.		panying schedu /	iles and	
	11				Date	- / 2)	
Signature of Authorized Represent	Keatin	<del>7</del>			1/5	123	
FILED							
AAU TO							
MAIL TO: Division of Business Services				JAN 0 5 2023			
48 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040			, mark	BY ML PNOIN  11:40 FORM 630 - Ravised: 11/2021			
Vebsite: www.sos.ri.gov				BY Y TILL I FORM 630 Poulland			
				11:	40	•• - Mavisea: 11/2021	
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State of Rhode Island

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