RI SOS Filing Number: 202325692830 Date: 1/5/2023 4:00:00 PM

**Department of State - Business Services Division** 

State of Rhode Island

Annual Report for the ye Corporation	ear: 🥠 r	73				
Filing period: February 1 -	RECEIVED R.L. DEPT. OF SYMP RUS SYCCE V					
→ Filing Fee: \$50.00	THE SMOOTH					
→ Penalty: Additional \$25.00 f	ee if form is not	filed by May 31.				· .
Entity ID Number 2 Exact name of the Corporation			2073 JAN -5 D 2: 31			
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Principal Office Address	L KU4PA	201097	Kestau Icin	rants (c	pro	
359 Thames	01		1 - 7		State	Zıp
4. NAICS Code	6. Brief descript	tion of the character	New	のイナ conducted in Rhode Is	RI	02840
122513		CO COVIN	na Ma	Conducted in Rhode Is	land	scientiniz has
5. State of Incorporation		46 PC101	7	007037,10	mon	2011000101627
RI	2010	$\infty$ , $\infty$ ,	12 (0+)	ree, tapas	1 Olriv	irs, and
7. List ALL officers (names and add	resses)	retail				
President Name	Check the box to indicate an attachment ☐					
Andreed Marin Street Address			L Victoria Milhel			
9 Bruer St.	Apt le		Street Addres	cuer St.	_	1.0
New port	State	Zip	City	(mr.1 24.	Apt	Zip
Secretary Name	121	07840	New	4704	121	62340
<u> </u>			Treasurer Na	me		
Street Address			Street Address			
City	State	Zip	City			
9 List Al Ledison to a Communication	<u></u>		City		State	Zip
<ol><li>List ALL directors (names and ad Director Name</li></ol>	dresses)			Check th	ne box to inc	dicate an attachment
Smaller Marin			Director Name  1. Ctoria Michel			
Sileet Address	· —		Street Addres	s V		
city 9 Brewers	State	Zip	City	1 Brever S		10t C
Director Name	R.I	02340	1 ' .	wport	State 2	Zip
onector Name			Director Name		1	(07840)
Street Address	Street Address					
City			on corridates.	•		
	State	Zip	City		State	Zip
9. Shares Authorized		10. Shares Issue	d	Chook th	- November 1 - 1	
This information is currently of record Department of State.	l in the	NUMBER OF SH	ARES	CLASS/SERIES	e box to inc	licate an attachment PAR VALUE
Changes require an additional filing.		10,000,0	00	CWP		0.0100
					<del></del>	
<ol> <li>This report must be executed on trustee, this report must be executed</li> </ol>	behalf of the con	poration by an auti	horized repres	sentative. If the corpora	tion in in the	
trustee, this report must be executed Under penalty of periury. I declare	on behalf of the	corporation by the	receiver or tr	ustee.	uon is in the	e nands of a receiver or i
Under penalty of perjury, I declare statements, and that all statement	s contained her	rnave examined ein are true and d	this report, is correct.	ncluding any accomp	anying sch	edules and
Name of Authorized Representative					Date	<u> </u>
Andrea Marin				<b></b>	115	5 2023
Signature of Authorized Representative				FINE	7.2(0	
	<u> </u>	W/3	/		L134	
AAIL TO:		1.		- 1/3AN 5 80	<del>2823</del> —	
Division of Business Services 48 W. River Street, Providence, Rhode Is	siand ()2904-2615	U		~ 1 \nT	A	
Phone: (401) 222-3040 Vebsite: www.sos.ri.gov	NO. N. 02304-5013			DA TAN	<u> </u>	7
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