RI SOS Filing Number: 202325843980 Date: 1/9/2023 4:00:00 PM

RI SOS Filing Number: 202186239100 Date: 1/14/2021 4:00:00 PM

State of Rhode Island Department of State - Business Services Division				RECEIVED A.I. DEPT. OF STATE BUS SVCS DIV		
Annual Report for the year: Corporation → Filing period: January 1 - March 1					DIV T	
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 						
1. Entity ID Number	2. Exact name of	of the Corporation				
3 Principal Office Address	The	Die S	hop INC			
9 D TheLm			W. Prov	State RI	02904	
4. NAICS Code 3335/7 5. State of Incorporation RT 6. Bnef description of the character of business conducted in Rhode Island TOOL MALLEL						
7 List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Tettray	Testray Breton		Vice-President Name RDN Blanche He			
Street Address 29 Rose wood Dr.			Street Address 16 Richard St.			
N. Prov.	State	^{Zip} 02904	Smith fide	State T	D2917	
Secretary Name			Treasurer Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. List ALL directors (names and ad Director Name	idresses)		Director Name	Check the box to indica	ite an attachment	
				· · ·		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	<u> </u>		Director Name			
Street Address			Street Address			
	State	Zıp	City	State	Zıp	
9. Shares Authorized This Information is currently of record	4 4 . 44 .	10 Shares Issue		Check the box to indica	ite an attachment	
Department of State.	d in the		-ARES C	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.	ł	1000			D	
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 comporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this reperty important any accompanying schedules and statements, and that all statements contained herein are true and correct.						
Name of Authorized Regresentative JAN 0 9 2023 Day Day Day Day Day Day Day Da					1/2021	
Signature of Authorized Representative BYML CTLFG						