RI SOS Filing Number: 202326991680 Date: 1/25/2023 4:00:00 PM

2023

State of Rhode Island

Department of State - Business Services Division

FILED

JAN 25 2023

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Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

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Entity ID Number	2. Exact name of the Corporation							
Principal Office Address 922 1-Renebtown Rd. E. Brenwich RI OPPS OPPS OPPS								
3 Principal Office Address	<u></u>		TCiby \$		IStato	Izio		
982 1-Ren	khto wh	D Fed.	C.1.	Breenwich	Siale X	I OZRA		
4. NAICS Codo	6. Brief description	on of the character	of business co	inducted in Rhode Isla	and			
53110 BOALES FATE SALES								
	1 136	14/ EST	ste.	CA)/CI				
5. Juste of Incorporation	'							
K.I.								
7. List ALL officers (names and ad-	dresses)		-	Check th	e box to ind	licate an attachment		
President Name			Vice-President Name					
_ 7AV10 1								
Street Address GRA TKenkhytown RC.			Street Address					
City	State	Zip 62010	City		State	Zıp		
City E Corewwich	1	02818						
Secretary Name	reel Address Street Address Street Address							
Street Address	htown I	3C -	Street Address					
City E. Greenwick	State 77	Zip OZP/8	City		State	Zıp		
8. List ALL directors (names and a	ddresses)	<u> </u>	1	Check th	e box to inc	licate an attachment		
Director Name			Director Name					
		_						
Street Address			Street Address					
C.t	To	T			t = .			
City	State	Zip	City		State	Zip		
Director Name	<u>. </u>	<u> </u>	Director Name		<u> </u>			
	Onector Name							
Street Address	Street Address							
			ì					
Спу	State	Zip	City		State	Zip		
0. Shares Authorized	<u></u>	10.05	<u> </u>	Ot 1 44				
9. Shares Authorized This information is currently of reco	rd in the	10. Shares Issue		CLASS/SERIES	e box to ind	licate an attachment PAR VALUE		
Department of State.	Department of State.		-		,			
1		2000		Commo		NONE		
Changes require an additional filing.			Ī					
44 This		1	<u> </u>			 		
11. This report must be executed of	n behalf of the cor	poration by an aut	horized represe	entative. If the corpora	ition is in the	e hands of a receiver or		
trustee, this report must be execute Under penalty of perjury, I decla	so and affirm that	Lhave examined	this monet in	siee. oludina any accomi	anvina col	andulae and		
statements, and that all stateme	nts contained her	rein are true and i	uns report, m correct.	cidulity arry accomp	anymy sch	edules and		
Name of Authorized Representative					Date			
DAVIO TO TANNUCCITLI				1-23-2073				
Signature of Authorized Represent					l			
Ward	J. Nan	medel						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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