Department of S		FILED					
Annual Report for the y Corporation	/ear: 2023	····	F	FEB 06 2023 BY 1919			
 → Filing period: February 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 	-	îled by May 31.	BY				
1. Entity ID Number 000043281	2. Exact name of the Corporation JOE DYNASTY RESOURCES INC						
3. Principal Office Address 709 METACOM AVE		City BRISTOL	State RI	Zip 02809			
NAICS Code 541611	6. Brief description of the character of business conducted in Rhode Island MANAGEMENT AND ACCOUNTING OF PERSONAL SERVICES, REAL						
5. State of Incorporation RHODE ISLAND	ESTATE A	ND ASSETS					

000043201		MAGIIILL	SOUNCES INC					
3. Principal Office Address			City	State	Zip			
709 METACOM AVE			BRISTOL	RI	02809			
4. NAICS Code	Brief descr	iption of the charac	cter of business conducted	d in Rhode Island				
541611	MANAGE	MANAGEMENT AND ACCOUNTING OF PERSONAL SERVICES, REAL						
5. State of Incorporation	ESTATE	ESTATE AND ASSETS						
RHODE ISLAND								
7. List ALL officers (names ar	nd addresses)			Check the box to i	ndicate an attachment			
President Name ALEXANDER H JOE			Vice-President Name					
Street Address 178 TOUISSET RD			Street Address					
^{Cily} WARREN	State RI	^{Zip} 02885	City	State	Zip			
Secretary Name NONE			Treasurer Name NON	Treasurer Name NONE				
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. List ALL directors (names and addresses)				Check the box to indicate an attachment				
Director Name NONE			Director Name NONE					
Street Address			Street Address					
City	State	Zip	City	State	Ζiρ			
Director Name NONE			Director Name NONE					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. Shares Authorized		10. Shares Iss		ed Check the box to indicate an attachment				
This information is currently of Department of State.	f record in the		DE SHARES	CLASS/SERIES PAR VALUE				
Changes require an additional filing.		5000			NPV 0.00			
				 -	†			
11. This report must be execu	uted on behalf of the	corporation by an	authorized representative	of the cornoration is in	the hands of a receiver or			
trustee, this report must be ex	xecuted on behalf of	the corporation by	the receiver or trustee.					
Under penalty of perjury, I d	declare and affirm t	that I have examin	ned this report, including	g any accompanying s	chedules and			
statements, and that all sta Name of Authorized Represe	itements contained	herein are true ar	nd correct.					
ALEXANDER H JOE	mative			Date / 7	EB 2023			
Signature of Authorized Rebr				<u>, i</u>				

Division of Business Services

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

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