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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50,00

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

FILED
FEB 27 2023
BY UNG

,					_		
Entity ID Number	2. Exact nar	ne of the Corporation	n				
1710593	AVB Tr	AVB Trading Inc					
Principal Office Address	ipal Office Address				State	Zip	
279 Chases Lane			Middletov	wn	RI	02842	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
423930	İ						
5. State of Incorporation							
RI							
7. List ALL officers (names a	nd addresses)			Check	the box to	indicate an attachment 🔲	
President Name Andrew Bernstein			Vice-President Name				
Street Address 279 Chases Lane			Street Address				
^{City} Middletown	State RI	^{Z_{ip}} 02842	City	-	State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names	and addresses)	1		Check	the box to	indicate an attachment	
Director Name			Director Name	Director Name			
Street Address			Street Addres	Street Address			
City	State	Zıp	City		State	Zip	
Director Name			Director Name	Director Name			
Street Address			Street Address				
City	State	Zıp	City	<u> </u>	State	Zip	
9. Shares Authorized		10. Shares issu		ed Check the box to indicate an attachment			
This information is currently of record in the NUMBER OF T			F SHARES CLASSISERES PAR VALUE				
Department of State.		200		COMMON		NO PAR	
Changes require an additional	l filing.		<u></u>	<u> </u>			
11. This report must be exec	uted on behalf of the	e corporation by an a	authorized repre	I sentative. If the corpo	ration is in	the hands of a receiver or	
trustee, this report must be e Under penalty of perjury, I						abadulaa aad	
statements, and that all sta	deciare and anirm atements containe	unat i nave examin d herein are true an	ea tnis report, i id correct.	including any accom	ipanying s	scriedules and	
statements, and that all sta Name of Authorized Repress	entative				Date	: /	
Anonew &	ENNSTE)	/			2,	110/23	
Signature of Authorized Rep	resentative						
7	(4)	_					

MAIL TO:

Division of Business Services

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

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