RI SOS Fil State of Rhode Island Department of S	J		Date: 2/28/2023 12 、. <b>Division</b>	:23:00 PM			
nnual Report for the year: 2022  orporation  → Filing period: February 1 - May 1  → Filing Fee: \$50.00			STA				
→ Penalty: Additional \$25.0	0 fee if form is no	t filed by May 31.			1811 1877		
Entity ID Number 100799965	2. Exact nam XTLF Co	e of the Corporation O <b>rp</b> .	i	[] [E] 28 [State	D :::		
Principal Office Address 022 Bay Colony Dr S			City Juno Beach	State FL	33408		
NAICS Code 13930		ption of the charact arter business	Rhode Island	•			
State of Incorporation  Rhode Island							
List ALL officers (names and	addresses)			Check the box to indi	cate an attachment		
esident Name Christopher	Lee		Vice-President Name				
1022 Bay Colony Dr S			Street Address				
y Juno Beach	State FL	<sup>Zip</sup> 33408	City	State	Zip		
Christopher	Lee	<del>\</del>	Treasurer Name Christopher Lee				
1022 Bay Colony Dr S			Street Address 1022 Bay Colony Dr S				
hv	State	17in	City	Istate	17in		

L.			Offinatopher Lee				
Street Address 1022 Bay Colony Dr S			Street Address 1022 Bay Colony Dr S				
<sup>City</sup> Juno Beach	State FL	<sup>Zip</sup> 33408	<sup>City</sup> Juno Beach		State FL	. Zip 33408	
8. List ALL directors (names	and addresses)			Check	the box to i	ndicate an attachment	
Director Name Christopher Lee			Director Name				
Street Address 1022 Bay Colony Dr S			Street Address				
<sup>City</sup> Juno Beach	State FL	<sup>Zip</sup> 33408	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	ty		Zip	
9. Shares Authorized 10.		10. Shares Issu	Issued Check the box to indicate an attachment [				
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
		200,000		CWP		0.0100	
						0.0100	
11. This report must be exect trustee, this report must be e					oration is in	the hands of a receiver or	
Under penalty of perjury, I statements, and that all sta	declare and affirm t	hat I have examine	d this report, i	including any acco	mpanying s	chedules and	
Name of Authorized Represe		TOTOL OF OF OR OTHER	3 00//000		Date		
Christopher Lee			<b>E</b> 11	EILED\7 27 2/27/2023			
Signature of Authorized Rep	resentative		7-11	FEB /			
/s/ Christopher Lee	<b>)</b>		FEB S	<b>28</b> 2023			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

BY F3 GRJ