State of Rhode Island Fee: \$20.00 Office of the Secretary of State Office of the Secretary of State			
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615			
1636 (401) 222-3040			
Non-Profit Corporation Annual Report Filing Period: February 1 - May 1			
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2023			
1. Corporate ID No. 001740421			
2. Name of Corporation <u>BAGH, Inc</u>			
3. State of Incorporation			
State: <u>RI</u>			
ARTICLE III			
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>			
NAICS Code			
<u>813219</u>			
4. Principal Office Address			
No. and Street: 3 HIGH STREET			
City or Town: $\underline{ASHAWAY}$ State: \underline{RI} Zip: $\underline{02804}$ Country: \underline{USA}			
5. Brief Description of the Character of the Affairs Conducted in Rhode Island			
SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS,			
EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES,			
THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS			
EXEMPT ORGANIZATIONS UNDER THE SECTION 501 (C) (3) OF THE INTERNAL			
REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX			
<u>CODE. THE BUSINESS ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: TO</u> INFORM & EDUCATE PEOPLE IN REAL-LIFE SCENARIOS TO GAIN THE			
KNOWLEDGE, CONFIDENCE AND SKILLS NECESSARY TO BE A GOOD HUMAN.			
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6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	CRISTINA BETTEZ	PO BOX 5 ASHAWAY, RI 02804 USA
DIRECTOR	JEFFREY BETTEZ	PO BOX 5 ASHAWAY, RI 02804 USA
DIRECTOR	CRIS BETTEZ	PO BOX 5 ASHAWAY, RI 02804 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

<u>UNITED STATES CORPORATION AGENTS, INC.</u> 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 12 Day of March, 2023 at 9:41:22 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that*

individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By <u>CRISTINA BETTEZ</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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