State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1
 → Filing Fee: \$50.00

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í	3113	211	~ F	•

→ Penalty: Additional \$25.00 fe	ee if form is not fil	ed by May 31.			: <u></u>	WAR 14 P 3:3		
1. Entity ID Number	2. Exact name of	the Corporation						
001717583	DAICI	mae ing	In a					
3. Principal Office Address			City	· · ·	State	Zip		
1411 Main Stre	et west	warmick	west	warnicle	$\mathcal{R}\cdot\hat{\mathcal{I}}$	82898		
4. NAICS Code						4 D OWN 15		
6. Brief description of the character of business conducted in Rhode Island 31698 I Jolah Muhamman is swiner of my coprediction 5. State of Incorporation R. T E also know selling dended educational products								
5. State of Incorporation	لعمى ك	Leather	produced	The property of	n catters	.) Och de		
RI	& also	inow s			~ Q	- President		
7. List ALL officers (names and add	lresses)		· · · · · ·		e box to indi	cate an attachment 🔲		
President Name Jalal Muhammad			Vice-President Name					
Street Address 1411 Man Street west valuable			Street Address					
ospy mornice.	State 7	2ip 6 893	City		State	Zip		
Secretary Name	cretary Name			Treasurer Name				
Street Address			Street Address	-				
City	State	Zip	City		State	Zip		
8 List ALL directors (names and ad	ldresses)	·		Check th	ie box to indi	icate an attachment		
Director Name	Director Name							
Street Address			Street Address	Street Address				
City	State	Zıp	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	···	State	Zip		
9. Shares Authorized		10. Shares Issue	<u>d</u>	Check th	L ne box to indi	icate an attachment		
This information is currently of recor Department of State.	d in the	NUMBER OF SHARES		CLASS/SERIES				
				$\mathcal{C}\mathcal{N}$)	()		
Changes require an additional filling.								
11. This report must be executed or	n behalf of the cor	poration by an aut	horized represe	entative. If the corpora	1 Stion is in the	hands of a receiver or		
trustee, this report must be execute	<u>id on beha</u> lf of the	corporation by the	receiver or tru	stee.				
Under penaity of perjury, I deciar statements, and that all statemer	re and amirm that ots contained hei	I have examined rein are true and	this report, in: correct.	cluding any accomp	anying sch	edules and		
Name of Authorized Representative					Date			
Signature of Authorized Representa	- 1-261 2		03 (1	4123.				
Signature of Authorized Representative M. P. FLED								
MAR 1 4 2023								

Division of Business Services

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