

State of Rhode Island

Department of State - Business Services Division

2023

R.I. DEPT. OF STATE BUS SVC3 DIV

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

2023 MAR 17 AM II: 11

1. Entity ID Number	2. Exact name of the Corporation						
000903516	Viamericas Corporation						
	Viamenca.		11				
3. Principal Office Address 2100 Ponce de Leon Blvd	Blvd PH2		City Coral Gal	bles	State FL	Zip 33134	
4. NAICS Code	6. Brief descripti	on of the character	of business of	conducted in Rhode Is	land		
522320	financial services						
5. State of Incorporation Delaware	1						
7. List ALL officers (names and add	resses)		-	Check	the box to in	ndicate an attachment 🔲	
President Name Paul Dwyer			Vice-President Name none				
Street Address 2100 Ponce de Leon Blvd PH2			Street Address				
^{City} Coral Gables	State FL	^{Zip} 33134	City State Zip		Zip		
Secretary Name Jaime Castend	Treasurer Name Guillermo Harpoutlian						
Street Address 2100 Ponce de Leon Blvd PH2			Street Address 2100 Ponce de Leon Blvd PH2				
City Coral Gables	State FL	^{Zip} 33134	City Coral Gables State FL		State FL	^{Zip} 33134	
8. List ALL directors (names and ad	ddresses)	· 		Check	the box to it	ndicate an attachment	
Director Name Paul Dwyer			Director Name Joseph Argilagos				
Street Address 2100 Ponce de Leon Blvd PH2			Street Address 2100 Ponce de Leon Blvd PH2				
^{City} Coral Gables	State FL	^{Zip} 33134	^{City} Coral C	Gables	State FL	. Zip 33134	
Director Name Lillian Argilagos			Director Name Mark Egan				
Street Address 2100 Ponce de Leon Blvd PH2			Street Address 2100 Ponce de Leon Blvd PH2				
^{City} Coral Gables	State FL	^{Zlp} 33134	City Coral (Gables	State FL	^{Zip} 33134	
9. Shares Authorized		10. Shares Issue				ndicate an attachment 🕜	
Department of State.	This information is currently of record in the Department of State.		40,578,621		Common A .00		
Changes require an additional filing.		10,442,710		Common B	-	.001	
11. This report must be executed o	n behalf of the cor	Tooration by an aut	horized regres	entative If the cornor	ration is in t	he hands of a receiver or	
litustee, this report must be execute	ed on behalf of the	compration by the	receiver or tr	ustee			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
Name of Authorized Representative	e				Date		
Guillermo Harpoutlian					3/10/23	3	
Signature of Authorized Represent	tive	$\overline{\bigcirc}$		FILED		,	
	7						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 17 2023

FORM 630 - Revised: 2/2023

Annual Report for the Year 2023 Viamericas Corporation – 000903516

Attachment to Question 10.

Number of Shares	Class/Series	Par Value
1,486,612	Common C	.001