State of Rhode Isla	and								
Department of Sta		Ser	vices Division						
Annual Report for the year: 2023									
Corporation > Filing period February 1 - Mar		MAR 2 7 2023 🔊							
 → Filing Fee: \$50 00 	уı			63605					
> Penalty Additional \$25.00 fee if form is not filed by May 31.				h'4004					
7 Ferrang Productional 920.00 (CC	ady ori.								
Entity ID Number	2 Exact name of	fthe	Corporation				<u></u>		
001736698									
Principal Office Address	-	City			State	Zip			
5989 FISHER ROAD - PO BOX 56			56	EAST	SYRACUSE		NY	13057	
4 NAICS Code	6 Brief description	on of	f the character of busin	ness conduc	ted in Rhode Island				
238900]								
State of Incorporation									
NY	TEST HOLES								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								te an attachment	
President Name				Vice-President Name					
DANYLO KULCZYCHY				TODD MUENCH					
Street Address				Street Address					
19 EDGEWOOD PARKWAY				4112 MILLISTONE RD					
City	State	Zıp		City		State	'	Zip .	
FAYETTEVILLE Secretary Name			3066	†	HURDLE HILLS NC			27541	
	!	Treasurer Name							
WILLIAM HACKET'I' Street Address				Street Address					
1452 NORTH RD				Stiest Addi	622				
City	State	Zıp		City	· · · · · · · · · · · · · · · · · · ·	State		Zıp	
TULLY	NY		3159						
8 List ALL directors (names and			Che	eck the bo	x to indica	te an attachment			
Director Name				Director Name					
Street Address				Street Address					
City	State	Zıp		City		State		Zıp	
						<u> </u>			
Director Name				Director Name					
Street Address				Street Address					
City	State	Zıp		City		State		Zip	
		Щ				<u> </u>			
9 Shares Authorized			10 Shares Issued		Che	Check the box to indicate an attachment			
This information is currently of record in the Department of State.			NUMBER OF SHA 9091		S CLASS/SERIES COMMON			PAR VA.,UE	
Changes require an additional	30,510								
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or									
trustee, this report must be executed on behalf of the corporation by the receiver or trustee									
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 President							Date 3-11-23		
Signature of Authorized Representative									
DANYLO O KULCZYCKY									

RI SOS Filing Number: 202331792360 Date: 3/27/2023 4:00:00 PM

MAIL TO:

Division of Business Services

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

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