

State of Rhode Island

Department of State - Business Services Division

Annual	Report	for	the	year:
Corpor	ation			

2023

RECEIVED 191 D.H. DEPT. OF STATE DUS SYDS PEY

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

2022 HAD 20 A H: 15

→ Penalty: Additional \$25.00 f	ee if form is no	t filed by May 31.			CORP. BAR C	NU A III IS		
1. Entity ID Number	2. Exact name	of the Corporation		 -				
295192	TE	M Mari	7 T E. JANIS		_			
3. Principal Office Address		77.7	City		State	Zip		
1015 YORK	AU	M MAIN	PAWY	uckst	125	05861		
4. NAICS Code		ption of the charact			1			
561720								
5. State of Incorporation	ا ہے 🕇	04, 0 - 3	500.					
RI		enwing	24 ,00	,, _ (-		
7. List ALL officers (names and ad	dresses)			Check	the box to indi	cate an attachment		
President Name TESH CA CAUCO-L'			Vice-President Name					
Street Address			Street Address					
Street Address 1015 fork AV City Pawticket State PT 02861 Secretary Name Servifer Control Street Address 1015 fork AV City Pawtick ext State PT 02861			olicet Address					
City Pawtick cet	State	Zip OZSG/	City		State	Zip		
Secretary Name			Treasurer Name					
Street Address			Step of Addison					
1015 YORK A			Street Address					
City Agentie Keef	State	Zip 02861	City	<u> </u>	State	Zip		
8. List ALL directors (names and a	ddresses)			Check	the box to indi	cate an attachment		
Director Name	•		Director Name					
Street Address			Street Address					
			Street Address					
City	State	Zip	City	·	State	Zip		
Director Name			Director Name		<u> 1</u>			
Street Address			Street Address					
C.h.	To:							
City	State	Zip	City		State	Žip		
9. Shares Authorized	<u>-L.</u>	10. Shares Issu	_ I	Check	the box to indi-	cate an attachment		
This information is currently of record in the		NUMBER OF		CLASS/SERIES		PAR VALUE		
Department of State.		<u> </u>	>			0		
Changes require an additional filing								
11. This report must be executed of	n behalf of the r	corporation by an ai	uthorized represer	tative If the core	ration is in the	hands of a recover or		
trustee, this report must be execut	ed on behalf of t	the corporation by the	he receiver or trus	tee				
Under penalty of perjury, I decla	re and affirm th	nat i have examine	d this report, inc	luding any accor	npanying sch	edules and		
statements, and that all stateme Name of Authorized Representativ	enis contained i B	rerein are true and	correct.		Date			
Jers.			FILE	ED.		30-33		
Signature of Authorized Representative								
MAR 3 0 2023								
MAIL TO:	TO: BY INT. 2NPWD							
IINIE IV,				. //// ٢٧	M 1 /			

Division of Business Services

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