

State of Rhode Island

Department of St		ss Services [
Annual Report for the year: Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.			RECEIVED PLA DEPT. OF SYATE SUS SYOS IT 2023 HAR 30 A 10: 10										
							Entity ID Number	2. Exact name	of the Corporation				
							00009016	1 Ast	TEX CORD	onation			
3. Principal Office Address	_	1.7	City		State	Zip							
123 Arlew	Drive		FAST GREE	NWICH	RI	02818							
4. NAICS Code 3/3/1/0 5. State of Incorporation			er of business conductions of the conduction of										
7. List ALL officers (names and ad	(dresses)		.										
President Name			Vice-President Name		the box to indi	cate an attachment (
Street Address													
122 ALCEN C	Street Address												
City Fact Constitution	State	Zip	City		State	Zip							
FAST COLUMNICH Secretary Name	1320	Treasurer Name		<u> </u>									
Street Address	Street Address												
City	State	Zip	City		State	Zip							
8. List ALL directors (names and a	alder \				<u> </u>								
Director Name Air V Got Street Address A	a Stew		Director Name Street Address	Cneck I	the box to ind	icate an attachment							
City C	State 1	Zip _	City		State	Zip							
EAST GREWWICH	LAT	Zip Dd8 18			Otale	2.0							
Director Name			Director Name										
Street Address	Street Address												
City	State	Zip	City		State	Zip							
9 Shares Authorized		10. Shares Issu	ıed	Check	the how to ind	icate an attachment [
9 Shares Authorized This Information is currently of reco Department of State.	rd in the	NUMBER OF		CLASS/SERIES		PAR VALUE							
Changes require an additional filing.		307	3075			1.00							
44 This second as													
 This report must be executed of trustee this report must be execut 	ed on behalf of the	he corporation by t	he receiver or toustee										
Under penalty of perjury, I decla	re and affirm th	at I have examine	d this report, includ	ing any accom	panying sch	edules and							
statements, and that all stateme Name of Aufhorized, Representativ	d correct.		Date										
()///M/~~~-			FILED		7								
Signature of Aythorized Represent	tative		, if FED			10/23							
, - ,			MAR 3 0 202	· ·	``	-							
MAIL TO:			N In	1	<u> </u>								
Division of Business Services	n Ini 02004 251	Bi	AF 103	, '4									

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov