State of Rhode Island

Deharment of	State - Busi	ness Services	Division		r	T01 p=:-	
Annual Report for the Corporation		FILED					
→ Filing period: February 1 - May 1				APR 0.5 2023			
→ Filing Fee: \$50.00				RY 7981			
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.			1.		D1	EP	
Entity ID Number	2. Exact na	me of the Corporat	ion				
3. Principal Office Address	6 V1	ne stree	et Stua	LIOS, INC	<u>.</u>		
25 Water	strat	APT 209	east	Greenwich	State	02818	
4 NAICS Code	6. Brief des	cription of the char	acter of business of	conducted in Rhode Is	land	-	
236118		erior di	10,4,4,3-	00000		•	
5 State of Incorporation	1	21 101 00	csign 8	- Renovat	ion.		
121	<u>i</u>						
7. List ALL officers (names and President Name	d addresses)		Vice-Presiden		he box to indi	cate an attachment 🔲	
Sean Webster			vice-Fresiden	The Trestactin Marie			
Street Address 25 water Street APT 2091.				Street Address			
east Greenw	11ch State 12	1 02 81	℃ City	· <u> </u>	State	Zip	
Secretary Name			Treasurer Nar	Treasurer Name			
Street Address	Street Address	Street Address					
City	State	Zip	City	<u>-</u>	State	Zip	
8 List ALL directors (names ar	nd addresses)	I.		Check t	he box to indi-	cate an attachment	
Director Name	Director Name		<u> </u>				
Street Address			Street Address	Street Address			
City	State	Zıp	City		State	Zip	
Director Name		<u></u>	Director Name	e	<u>.l.</u>		
Street Address	Street Address	Street Address					
City	State	Zio	City		ICA-A-	17	
					State	Zıp	
9. Shares Authorized This information is currently of a	record in the	10. Shares I	SSUED OF SHARES	Check t	he box to indi	cate an attachment	
Department of State.	ecord in the					PAR VALUE	
Changes require an additional filling.		1,00	11000 571			000	
11. This report must be execut	ed on behalf of th	e corporation by ar	authorized repre-	sentative If the como	ration is in the	hande of a cooling of	
trustee, this report must be exe Under penalty of perjury, I do	ecuted on behalf	of the corporation b	ov the receiver or to	rustee			
statements, and that all state Name of Authorized Represent	ements containe	d herein are true	and correct.		Date		
Sean	$\Lambda - \Lambda$	1 1 4/4/23					
Signature of Authorized Repre-	Webs	- //	 		<u> </u>	··	
				<u> </u>			
MAIL TO: Division of Business Services		7					
148 W. River Street, Providence, R.	hode Island 02904.	2615					

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