RI SOS Filing Number: 202332589130 Date: 4/7/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  Corporation			FILED  APR 07 2023  BY 5345				
<ul> <li>→ Filing period: February</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.</li> </ul>							
1. Entity ID Number 63717	2. Exact name Halco, Ir	name of the Corporation  O, Inc			•	()	
3. Principal Office Address 20330 Chapel Trace			City Estero		State FL	Zip 33928	
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island					
813910	Collect pr	Collect proceeds from sale of the business					
5. State of Incorporation Rhode Island							
7. List ALL officers (names an	Check the box to indicate an attachment						
President Name Robert Lanz			Vice-President Name				
Street Address 19 Leeshore Lane			Street Address				
<sup>City</sup> Tiverton	State RI	<sup>Zip</sup> 02878	City		State	Zıp	
Secretary Name Glen Harper			Treasurer Name				
Street Address 20330 Chapel Trace			Street Address				
<sup>City</sup> Estero	State FL	<sup>Zip</sup> 33928	City		State	Zıp	
8. List ALL directors (names a	nd addresses)	<b>.</b> •			the box to i	ndicate an attachment	
Director Name Robert Lanz	2		Director Name	Glen Harper			
Street Address 19 Leeshore Lane			Street Address 20330 Chapel Trace				
<sup>City</sup> Tiverton	State RI	<sup>Zip</sup> 02878	City Estero		State FL	<sup>Zıp</sup> 33928	
Director Name		•	Director Name	•	<del></del>		
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized			10. Shares Issued		Check the box to indicate an attachment  CLASS/SERIES PAR VALUE		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		_	CLASS/SERIES PAR VALU  Common No Par V		
		1000				1 No Fair Value	
11. This report must be execut	ted on behalf of the	corporation by an a	uthorized repres	L sentative. If the corpo	oration is in t	I the hands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I d					nnanvina s	chedules and	
statements, and that all state Name of Authorized Represen	ements contained			nelading dry occor	Date		
Glen Harper, Secretary				04/02/23			
Signature of Author ed Benre	• //	an-			1		

MAIL TO:

**Division of Business Services** 

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

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