RI SOS Filing Number: 202332678050 Date: 4/11/2023 9:00:00 AM

State of Rhode Island Department of Sta	ite - Busines	s Services D	ivision			
Annual Report for the ye Corporation	ar:	2023			RE	CEIVED
 → Filing period: February 1 - I → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe 			1.1. DEP	T. OF SUATE		
					2023 APR	11 A 0 58
1. Entity ID Number						11 24 0 00
3 Principal Office Address	2011	ROCK C	DNICHTI	the I	N C State	
3. Principal Office Address	=. 0		Cons	5)	R. I	1 '
56 OLD OAK AVI		ion of the characte	r of business cond	ucted in Phode Isl		100-120
5 State of Incorporation	CARE					
7. List ALL officers (names and add	fresses)		Vice-President Nar		ne box to indi	cate an attachment
President Name ABIODUN	Vice-President Name					
Street Address 56 OLA PAK AVENUE			Street Address			
City CAANSTON	State R C	12920	City		State	Zip
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	-	State	Zip
	4	!	<u>i</u>	60° 1 41	ha hay ta indi	cate an attachment
[8] List ALL directors (names and ac	aaresses)			Check ti	ne box to mo	cale an allachment
8. List ALL directors (names and ac Director Name	adresses)		Director Name	Check ti	ne box to mor	cate an attachment
	odresses)		Director Name Street Address	Check ti	THE BOX TO THO	cate an attachment
Director Name	State	Zip		Check ti	State	Zip ·
Director Name Street Address		Zip	Street Address	Check ti		
Director Name Street Address City		Zip	Street Address City	Check ti		
Director Name Street Address City Director Name		Zip	Street Address City Director Name		State	Zip ·
Director Name Street Address City Director Name Street Address City 9. Shares Authorized	State	Zip	Street Address City Director Name Street Address City	Check ti	State	Zip Zip cate an attachment
Director Name Street Address City Director Name Street Address City	State	Zip	Street Address City Director Name Street Address City		State	Zip ·
Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of recorded and the companion of State.	State State	Zip	Street Address City Director Name Street Address City	Check ti	State	Zip Zip cate an attachment
Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of record Department of State. Changes require an additional filling.	State State	Zip 10. Shares Issue NUMBER OF S	Street Address City Director Name Street Address City ed HARES	Check to	State State	Zip Zip cate an attachment PAR VALUE
Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of record Department of State. Changes require an additional filling.	State State In the	Zip 10. Shares Issue NUMBER of S	Street Address City Director Name Street Address City ed HARES	Check to class/series	State State	Zip Zip cate an attachment PAR VALUE
Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of record Department of State. Changes require an additional filling. 11. This report must be executed of trustee, this report must be executed Under penalty of perjury, I declar	State State State In the color of the color behalf of the color behalf of the color of the co	Zip 10. Shares Issue NUMBER OF S proporation by an auge corporation by the standard section is the standard section in the section is the section in the section is the section in the section is the section in the section in the section in the section is the section in the section in the section in the section is the section in the s	Street Address City Director Name Street Address City ed thorized representate receiver or trusted this report, included	Check to class/series	State State he box to indi	Zip Zip cate an attachment PAR VALUE
Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of record Department of State. Changes require an additional filling. 11. This report must be executed of trustee, this report must be executed Under penalty of perjury, I declar statements, and that all statements.	State State State The state of the content of the content of the contained here.	Zip 10. Shares Issue NUMBER OF S proporation by an auge corporation by the standard section is the standard section in the section is the section in the section is the section in the section is the section in the section in the section in the section is the section in the section in the section in the section is the section in the s	Street Address City Director Name Street Address City ed thorized representate receiver or trusted this report, included	Check to class/series	State State he box to indi ation is in the	Zip Cate an attachment PAR VALUE
Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of record Department of State. Changes require an additional filling. 11. This report must be executed of trustee, this report must be executed of trustee, this report must be executed. Under penalty of perjury, I declar statements, and that all statements. Name of Authorized Representative ABLODUN.	State State State The distribution of the content of the conten	Zip 10. Shares Issue NUMBER OF STATE O	Street Address City Director Name Street Address City ed thorized representate receiver or trusted this report, included	Check to class/series	State State he box to indi	Zip Zip cate an attachment PAR VALUE
Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of record Department of State. Changes require an additional filling. 11. This report must be executed on trustee, this report must be executed on trustee, this report must be executed under penalty of perjury, I declar statements, and that all statements. Name of Authorized Representative.	State State State The distribution of the content of the conten	Zip 10. Shares Issue NUMBER OF STATE O	Street Address City Director Name Street Address City ed thorized representate receiver or trusted this report, included	Check the classificative. If the corporate.	State State he box to indi ation is in the	Zip Cate an attachment PAR VALUE Ands of a receiver or edules and
Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of record Department of State. Changes require an additional filling. 11. This report must be executed on trustee, this report must be executed under penalty of perjury, I declar statements, and that all statements. Signature of Authorized Representative ABCODUN. Signature of Authorized Representative ABCODUN.	State State State The direction of the contained here State	Zip 10. Shares Issue NUMBER OF STATE O	Street Address City Director Name Street Address City ed thorized represents e receiver or truste d this report, inclu- correct.	Check the classificative. If the corporate arrive arrangement of the corporate arrangement of the corpo	State State State he box to indi ation is in the panying school	Zip Cate an attachment PAR VALUE Ands of a receiver or edules and
Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of record Department of State. Changes require an additional filling. 11. This report must be executed of trustee, this report must be executed of trustee, this report must be executed. Under penalty of perjury, I declar statements, and that all statements. Name of Authorized Representative ABLODUN.	State State State In the contained here and affirm that contained here A DEO 10 ative	Zip 10. Shares Issue NUMBER OF S proporation by an au e corporation by the string are true and	Street Address City Director Name Street Address City ed HARES thorized represents e receiver or truste d this report, inclusionrect.	Check the classificative. If the corporate arrive arrangement of the corporate arrangement of the corpo	State State he box to indi ation is in the	Zip Cate an attachment PAR VALUE Ands of a receiver or edules and