State of Rhode Island

**Department of State - Business Services Division** 

Annual Report for the year:

2023

- Corporation
- → Filing period. February 1 May 1
- → Filing Fee. \$50.00
- → Penalty Additional \$25 00 fee if form is not filed by May 31.

FILED
APR 1 4 2023
ВУ

								<u> </u>	
Entity ID Number	2 Exact name	of the	Corporation						
001684717	AEF CO								
3 Principal Office Address				City			State	Zıp	
937 CHALKSTONE	937 CHALKSTONE AVE				PROVIDENCE			02908	
4 NAICS Code	6 Brief descrip	6 Brief description of the character of business conducted in Rhode Island							
722410									
5. State of Incorporation									
RI	BAR								
7 List ALL officers (names and addresses)					Check the box to indicate an attachment				
Persident Name MIN E FIXMON				Vice-President Name					
Streengedressar Therius.				Street Address					
City D. OWSIME ZING				City		State		Zip	
Secretary Name				Treasurer Name					
Street Address				Street Address					
City	State	State Zip		City		State	7	Zıp	
8 List ALL directors (names an	d addresses)			1	Ch	eck the box	to indicat	e an attachment	
Director Name				Director Name					
Street Address				Street Address					
City	State	State Zip		City		State		<b>С</b> ір	
Director Name				Director Name					
Street Address				Street Address					
	<del></del>								
City	State	Zıp		City		State	4	Zip	
9 Shares Authorized	1		10 Shares Issued	<u> </u>	Ch	eck the box	to indicat	e an attachment	
This information is currently of record in the NUMBER OF						•••	PAR VALUE		
Department of State.		100		CWP			0		
Changes require an additiona	ıl filing.			-	1. = .				
11 This report must be executed		orpor	ation by an authorized	representati	ve If the corporation is	s in the han	ds of a re	ceiver or	
trustee, this report must be exec	cuted on behalf of th	ne co	rporation by the receiv	er or trustee				_	
Under penalty of perjury, I					ort, including any a	ccompan	ying sch	edules and	
statements, and that all sta	atements <sub> </sub> contail	ned	h <del>èr</del> ein are true and	correct.		<u> </u>	,		
Name of Authorized Representative  Date  4   11   12   3									
Signature of Authorized Represi AMANDA FULLAM	entative	7				•	<del></del>	· · · ·	
<del></del>	-								

## MAIL TO:

**Division of Business Services** 

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

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