RI SOS Filing Number: 202335425840 Date: 5/9/2023 4:00:00 PM

Annual Report for the year: Non-Profit Corporation FILED MAY 0 9 2023 FILED MAY 0 9 2024	State of Rhode Island				 ,		
Non-Profit Corporation Filling period: February 1- May 1 Filling feels: \$20.00 Penalty: Additional \$25.00 feel if form is not filed by May 31. 1. Entity ID Number 7 45 09 / 3. State of Incorporation 7 45 09 / 3. State of Incorporation 7 45 09 / 3. State of Incorporation 7 45 09 / 4. NAICS Code Fill Far T Far Additional Far T Far	Department of Sta	te - Busines:	s Services D	ivision			
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** First Fee: \$200 -> Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number	Non-Profit Corporation	on-Profit Corporation ————————————————————————————————————			, -		
1. Entity ID Number 745091 2. Exact name of the Corporation 745091 3. State of Incorporation 5. Brief description of the character of business conducted in Rhode Island FET FXD XXI KMILLER WINGLE 4. NAICS Code 5. 74190 6. Principal Office Address 7. List All officers (names and addresses) 7. List All officers (names and addresses) City Street Address City Street Address City List All directors (names and addresses), RI Corporations MUST list at least THREE directors. City List All directors (names and addresses), RI Corporations MUST list at least THREE directors. City List All directors (names and addresses), RI Corporations MUST list at least THREE directors. City List All directors (names and addresses), RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment of the Corporation of the corporations MUST list at least THREE directors. Check the box to indicate an attachment of the Corporation of the Corporations MUST list at least THREE directors. Check the box to indicate an attachment of the Corporations MUST list at least THREE directors. Check the box to indicate an attachment of the Corporation of the Corporation Must list at least THREE directors. Check the box to indicate an attachment of the Corporation of the Corporation Must list at least THREE directors. Check the box to indicate an attachment of the Corporation Must list at least THREE directors. Check the box to indicate an attachment of the Corporation Must list at least THREE directors. Check the box to indicate an attachment of the Corporation Must list at least THREE directors. Check the box to indicate an attachment of the Corporation Must list at least three directors. Check the box to indicate an attachment of the Corporation Must list at least three directors. Check the box to indicate an attachment of the Corporation Must list at least	→ Filing Fee: \$20.00			1919			
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Secretary Name Street Address Street Address Liver Medican Dr. Street Address Kert Unit Rd City Use Voke State I Corporations MUST list at least THREE directors. Check the box to Indicate an attachment Corporation Number I Representative Street Address Street Address City Hole Utility State 20837 Check the box to Indicate an attachment Corporation Number I Report Name I Comment I	179 NEW LONDON		I =:	Nou	1	T	
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MAIL TO:

Division of Business Services

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

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