RI SOS Filing Number: 202336545060 Date: 6/2/2023 11:25:00 AM



State of Rhode Island

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SYDS DIV

Annual Report for the year:

Corporation

2023 MAY 30 PM 2: 34

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25,00 fee if form is not filed by May 31.						
Entity ID Number 2. Exact name of the Corporation						
000705472 Claddach Ferm In						
Principal Office Address			City	1 0 -	State	Zip
13 Mection	s Ita	De Ci	LLH	He Conner	R	0853)
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island						
11292 Equire Fraining, Jessing, Shuis,						
State of Incorporation Bounding						
7. List ALL officers (names and addresses) President Name			Check the box to indicate an attachment Urce-President Name			
LIMM ('MM 1 M			vice-President Name			
Street Address	Street Address					
FINALL	State	Zip	City	<u> </u>	State 🖫	Žρ
Secretary Name			Treasurer Name			
<u> </u>			0 -: -!			
Street Address			Street Address			
City	State	Zip	City		State	Zipo
8. List ALL directors (names and ad	dresses)	<u> </u>		Chack th		oto na ottophmoni 🗖
Director Name			Check the box to indicate an attachment Director Name			
man Manalle			1			
Street Address meetin tus in			Street Address			
City Little COMMIN State Zip A53			City State Zip			
Director Name			Director Name			
Street Adaress			Street Address			
City	State	Zip	City		State	Zip
C Charac Authorizand		(10.0)	<u> </u>			
Shares Authorized This information is currently of record in the		10. Shares Issue NUMBER OF ST	HARES	Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
Department of State. Changes require an additional filing.				CONSISTENCES		PAR VACOE
		MAL		MUL		,01
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11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or						
trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and						
statements, and that all statements contained herein are true and correct.						
Name of Authorized Representative						
1100 (100) 5 133						
Signature of Authorized Representative FILED						
11K 9 2029						
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sps.ri.gov FORM 630 · Revised: 11/2021						
148 W. River Street, Providence, Rhode Island 02904-2615						
Phone: (401) 222-3040 Website: www.sps.ri.gov			BY	36-	FORN	# 630 - Revised: 11/2021

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

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