RI SOS Filing Number: 202336655110 Date: 6/7/2023 12:29:00 PM

State of Rhode Island Department of State - Business Services Division									
Annual Report for the year	r: 200	73		TIVED -					
Annual Report for the year:  Corporation  Filling period: February 1 - May 1									
Filing period: February	1 - May 1	•	$F_B$	•					
Filing Fee: \$50.00	001 111 1 10				O,				
Penalty: Additional \$25.	.uu fee it form is not fi	led by May 31.		7 0 12:0				<del></del>	
l _ '		the Corporation	-						
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3. Principal Office Address			City	-	····	State		Zip	
L9 Lawn	Avenu	0.	Jan	nestou	20	l E	لع	02835	
4. NAICS Code			of husines	s conducted in E	hode isla			Dear	
22000	TO 0	on of the characte	an	10 b	U 1000 1310	2	Rep	aì C	
E Shahe die		Servic							
5. State of Incorporation	ana	SELVIC	0	USINES	<i></i>				
Island	İ								
<ol><li>List ALL officers (names and</li></ol>	d addresses)		<u>.                                      </u>	Chec	k the box	to indic	ate an att	achment 🔲	
President Name				Vice-President Name					
Santino Campo JR Street Address				4547 Kot	<u>.                                    </u>	<u>um</u>	00	<del></del>	
19 hawn	Avenue		Street Add	hawr	, <i>i</i>	11/0	in U	0	
City	IState	Zip	City	racur	<u>, , , , , , , , , , , , , , , , , , , </u>	State	2/10		
Jamestown	RJ	OZ835		nestow	)n	State	<b>T</b>	Zip 02835	
Secretary Name ,	0 - 0	· · · · · · · · · · · · · · · · · · ·	Treasurer t		_				
tate A. Campo Santino Campo JR									
Street Address	Street Add		Λ./	0.0	10				
City	State			ewn	AV		J.E.	Ta	
Lamestown	NE RI	02835	City	mestou	an	State	2	Zip	
8. List ALL directors (names ar	<u>·                                      </u>		1			to indic	ate an at	tachment [	
Director Name Director Name									
Santino Campo JR Parti A. Cumpo									
Street Address	Avenu		Street Addi		$\Delta_{\lambda}$	ا م م	. 1		
City	State	_	1 5 "	awn	<u> </u>	<u>CO</u> State	UE.	Trim	
Jamestown	RI	<sup>Zip</sup> 07835	Tal	nestou	<u></u>			Zip 02835	
Director Name	<del> </del>	4 <u>-</u>	Director Na		1 1			<u> </u>	
Street Address				Street Address					
City	State	Zip	Cit.						
l <sup></sup> ,	June		City			State		Zip	
9. Shares Authorized		10. Shares Issue	d	Chec	k the box	cto indi	cate an at	tachment 🔲	
This information is currently of record in the NUMBER OF S					SS/SERIES			PAR VALUE	
Department of State.		100		Common		,	NO PU		
Changes require an additional fi	ling. Vollue	100		01711	1101	<u>'</u>	V	alve	
				•		ļ			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-									
Ceiver 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						Date		1	
tati 1 (amon						1/2/1/20			
Signature of Authorized Representative									
FILED FILED									
retur (d. (MMDO)									
MAIL TO: Division of Business Services									
Division of Business Services				7014 0	12	11.			

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

Phone: (401) 222-3040 Website: www.sos.ri.gov AA. 12:29 Dm

FORM 630- Revised: 04/2023