RI SOS Filing Number: 202339484410 Date: 7/14/2023 4:00:00 PM

State of Rhode Island Department of St	ate - Busin	ıess Services [Division				
Annual Report for the year:				RECEIVED R.I. DEPT. OF STATE			
Corporation → Filing period: February 1 -	BUS SVCS DIV						
→ Filing Fee: \$50.00			2022 104 11				
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.			2023 JUL 14 P 3: 11				
1. Entity ID Number		ne of the Corporation	ons Inc				
3. Principal Office Address		· · ·	City	1)	State_	Zip	
28 Anna Oliva	, C <u>l</u>		Narra	cansit	KI	03882	
4. NAICS Code 561730	_	cription of the charact	er of business	conducted in Rho	ode Island		
5. State of Incorporation		J					
7. List ALL officers (names and a	ddresses)				heck the box to indic	ate an attachment 🔲	
President Name Educat D. Rocco	I 4-I	Enward Di Rucco Sr					
Street Address				Street Address 8 Anna Chivo Cl.			
28 Anna Olivo	Istora =	7 int		·			
Namagaiset	Stape 1	21078CO	Van	raganet	State	Z1028862	
Secretary Name DiRocco Sr.				Treasurer Name of Difference Sr			
Street Address 28 Anna Oliva Con				28 Anna Clivo Ct			
Nuragasell	\$13 K I	20883	CmVar	aganeetl	sireI	Z*8882	
8. List ALL directors (names and Director Name	addresses)	• 11	Director Nar		heck the box to indic	ate an attachment	
· · · · · · · · · · · · · · · · · · ·							
Street Address				Street Address			
City	State	Zip	City		Slate	Zıp	
rector Name			Director Na	Director Name			
Street Address				Street Address			
City	State	Zip	City		Slate	Zip	
9. Shares Authorized		10. Shares Iss				ate an attachment	
This information is currently of rec Department of State.	ord in the	NUMBER OF	SHARES	T	/SERIES		
Changes require an additional filing.		100		Comr	non 1	no par	
11. This report must be executed trustee, this report must be executed	ited on behalf of	of the corporation by	the receiver of	rtrustee.			
Under penalty of perjury, I dec	lare and affirm	that I have examin	ed this report	, including any a	ccompanying sche	dules and	
statements, and that all statem Name of Authorized Representati		त पास्त्रकाम बास प्रथम ब्रा	o correct.	· •=•=	Date		
Zoums I Vilian SK					7-6	-23	
Signature of Authorized Representative				FILED			
		<u> </u>		4.1	2023	 	
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rho	de Island 02904.	2615		JUL 14	1023		

FORM 630 - Revised: 2/2023

Phone: (401) 222-3040

Website: www.sos.ni.gov