



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023 Amended
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 SEP - 8 3:09

1. Entity ID Number <u>001737051</u>		2. Exact name of the Corporation <u>Solutions S.L. Inc.</u>	
3. Principal Office Address <u>132 Berkshire St</u>		City <u>Providence</u>	State <u>RI</u>
4. NAICS Code <u>423990</u>		6. Brief description of the character of business conducted in Rhode Island <u>online wholesale</u>	
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Santos Cruz de las Santos</u>		Vice-President Name <u>Ledy Dayhana Buena Duran</u>	
Street Address <u>132 Berkshire St</u>		Street Address <u>132 Berkshire St</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Providence</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Santos Cruz de las Santos</u>		Director Name <u>Ledy Dayhana Buena Duran</u>	
Street Address <u>132 Berkshire St</u>		Street Address <u>132 Berkshire St</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Providence</u>
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>1,000</u>	CLASS/SERIES <u>STK</u>
			PAR VALUE <u>0.01</u>
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 <u>Santos Cruz de las Santos</u>		Date <u>9/7/23</u>	
Signature of Authorized Representative <u>Santos Cruz</u>		FILED <u>309</u> SEP - 8 2023 BY <u>[Signature]</u>	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 08, 2023 03:09 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore
Secretary of State

