



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 0 3:09

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

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov