414042 09/06/2023 4 P. L. SOS Filing Number: 202341822370 Date: 9/21/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee⁻ \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Minipage	2. Exact name of the Corporation									
1650015	INDUSTRIAL TURNAROUND CORPORATION									
3. Principal Office Address				City			State Zip			
13141 N. ENON CHURCH ROAD				1 '	CHESTER			23836		
4. NAICS Code										
<u>541</u> 330										
5. State of Incorporation]									
VA_	INDUST.	D	ESIGN/BUILD)						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment					
President Name Star Gordon					Vice-President Name					
Street Address 13141 N Chon Church Rd					Street Address					
Chy Chister State VA 2836				City	City State			Zip		
Secretary Name				Treasure: 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					
Director Name				Director Name						
Street Address				Street Address						
City	State Zip			City		State		Zip		
Director Name				Director Name						
Street Address				Street Address						
City	State	Zip		City		State		Zip		
9. Shares Authorized			10. Shares Issued		Che	ck the box	to indica	ate an attachment	П	
This information is currently of record in the Department of State.			NUMBER OF SH	I ARES				PAR VALUE		
			4:76	500	00			1		
Changes require an additional										
11. This report must be executed	on behalf of the co	rpor	ration by an authorized	d representat	ive. If the corporation i	s in the hai	nds of a	receiver or		
trustee, this report must be execu								<u> </u>	_	
Under penalty of perjury, I described all statements and that all statements	declare and affir	m l	lhat I have examin	ed this rep	ort, including any	accompa	nying s	schedules and		
statements, and that all sta Name of Authorzed Representat		<u>ea</u>	nerein are true an	<u>d_correct.</u>	 -					
Liv D					Date // 202 2					
Signature of Authorized Representative					<u> </u>		-4"	yaus		
DANIEL J. LOFTIS	•									

MAIL TO:

Division of Business Services

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

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