



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 NOV -9 P 3:17

1. Entity ID Number <u>1706403</u>		2. Exact name of the Corporation <u>FASAW GLOBAL INVESTMENT INC.</u>	
3. Principal Office Address <u>32 BELCOURT AV.</u>		City <u>NORTH PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02911</u>	
4. NAICS Code <u>621610</u>	6. Brief description of the character of business conducted in Rhode Island <u>Domestic help and care giver.</u>		
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>OLUGBENGA SAMUEL FALOLA</u>		Vice-President Name <u>N/A</u>	
Street Address <u>32 BELCOURT AV</u>		Street Address <u>N/A</u>	
City <u>NORTH PROVIDENCE</u>	State <u>RI</u>	Zip <u>02911</u>	
Secretary Name		Treasurer Name	
Street Address <u>N/A</u>		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>N/A</u>		Director Name <u>N/A</u>	
Street Address <u>N/A</u>		Street Address <u>N/A</u>	
City	State	Zip	
Director Name <u>N/A</u>		Director Name <u>N/A</u>	
Street Address <u>N/A</u>		Street Address <u>N/A</u>	
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.		NUMBER OF SHARES <u>100.00</u>	CLASS/SERIES <u>CNP</u>
Changes require an additional filing.			PAR VALUE <u>\$0.0000</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>OLUGBENGA SAMUEL FALOLA</u>		Date <u>10/16/2023</u>	
Signature of Authorized Representative <u>[Signature]</u>		NOV 09 2023 3:21pm	