RI SOS Filing Number: 202342682090 Date: 11/9/2023 3:18:00 PM State of Rhode Island and Providence Plantations

Corporation

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

Department of State - Business Services Division Annual Report for the year:

2022

 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 				RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV			
1. Entity ID Number		ame of the Corpora					
1706 403	FAS		GLO B	BAS INV	ESTMENT	1046.	
3. Principal Office Address 32 BELCOURT			City		State	Zip	
4. NAICS Code			MOA	TH PROV	DENG RI	I '	
5. State of Incorporation	100	scription of the cha	[ACIEC Of busin	nace conditioned :-	Rhode Island Care gn	121.	
List ALL officers (names and a President Name	addresses)				Check the box to indic	cate an attachment	
OLUGBENGA S	Amue	L FALOL	A Vice-Pre	esident Name	.A	zate an attachment	
Street Address BELCO		B1/	Street A	ddress //	 		
City NORTH PROUDE	State Q	1 Zip 291	City		State	Zip	
Secretary Name	<u> </u>	L Wat 11	Treasure	er Name			
Street Address	 		Street Ad	Idress		<u> </u>	
City	State						
		Zip	City		State	Zip	
8. List ALL directors (names and Director Name	addresses)				Check the box to indic	ate an attachment I	
	1-		Director N	Name	I.	and an anadamient	
Street Address	H		Street Ad	dress ///			
City	State	Zip	City	 \ 	State	Zip	
Director Name	_ 	<u></u>	Director N	lame p			
Street Address		Street Add	dress #				
City	State	Zip	City				
9. Shares Authorized				/ / "	State	Zip	
This information is currently of reco	ord in the	10. Shares Is	Sued OF SHARES		Check the box to indica	te an attachment	
Department of State.		100)A)	CAS	SISERIES	PAR VALUE	
Changes require an additional filing	 .	100.1	//	<u> </u>		D. 0000	
11. This report must be executed of	on behalf of the	Corporation by an	outhoring day				
11. This report must be executed of trustee, this report must be execut. Under penalty of perius. I deals	ed on behalf of	the corporation by	the receiver o	presentative. If the or trustee.	corporation is in the ha	ands of a receiver or	
Under penalty of perjury, I decla statements, and that all stateme Name of Authorized Representativ	nts contained			t, including any a	accompanying sched	ules and	
O/ Commonweal Representativ	e SAML	- 4	Sola	V FII F	Date 10/16	12023	
	7	C.	Official At Fit (2.18		
MAIL TO:				NOV-0-0	2013 2.107	DM)	
Division of Business Services 148 W. River Street, Providence, Rhode	Island 02904-26	i15		BY DT	YUH .		

FORM 630 - Revised: 10/2017