



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:

2023

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 NOV 10 P 12:17

1. Entity ID Number 001722628		2. Exact name of the Corporation Carousel Holdco, Inc.									
3. Principal Office Address 659 South County Trail			City Exeter	State RI	Zip 02822						
4. NAICS Code 523920		6. Brief description of the character of business conducted in Rhode Island Holding company									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
President Name Jeffrey W. Gardner			Vice-President Name James Marsh								
Street Address 659 South County Trail			Street Address 659 South County Trail								
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822						
Secretary Name Jeffrey W. Gardner			Treasurer Name Jeffrey W. Gardner								
Street Address 659 South County Trail			Street Address 659 South County Trail								
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822						
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
Director Name Jeffrey W. Gardner			Director Name James Marsh								
Street Address 659 South County Trail			Street Address 659 South County Trail								
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>67,647</td> <td>Common</td> <td>\$ .001 par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	67,647	Common	\$ .001 par value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
67,647	Common	\$ .001 par value									
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. <b>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.</b>											
Name of Authorized Representative Jeffrey W. Gardner, President				Date October 24, 2023							
Signature of Authorized Representative											

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

FILED

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BY ML B4K4P  
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FORM 630 - Revised: 2/2023