



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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	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. 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 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

FILED

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BY ML B4K4P
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FORM 630 - Revised: 2/2023