



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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BUS SVCS DIV

2024 JAN 12 A 10:09

1. Entity ID Number 001693471		2. Exact name of the Corporation Adenium Acquisitions, Inc.			
3. Principal Office Address 300 Centerville Road, East 320			City Warwick	State RI	Zip 02886
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island THE CORPORATION HAS THE PURPOSE OF ENGAGING IN ANY LAWFUL BUSINESS.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer 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 <input type="checkbox"/>					
Director Name Benjamin Ferris			Director Name Christopher Moss		
Street Address 300 Centerville Road, East 320			Street Address 300 Centerville Road, East 320		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Scott Pettey			Director Name		
Street Address 300 Centerville Road, East 320			Street Address		
City Warwick	State RI	Zip 02886	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		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	CNP	0.00
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. <i>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.</i>					
Name of Authorized Representative Ryan J. Lutrario				Date 1/10/2024	
Signature of Authorized Representative				FILED 10.13	

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

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