RI SOS Filing Number: 202444399120 Date: 1/19/2024 11:44:00 AM

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|---|----------------------|--|--|---|----------------|-----------------------------|--|
| State of Rhode Island Department of State - Business Services Division | | | | | | REC'D RIDOS BSD | |
| Annual Report for the year Corporation | 2024 | | | | | M100 | |
| → Filing period: February 1 - May 1 | | | | | | 11:2 | |
| → Filing Fee: \$50.00 | | | | | | 25.6 | |
| → Penalty: Additional \$25.0 1. Entity ID Number | | | <u>~</u> | | | | |
| 000797174 | | 2. Exact name of the Corporation Tercat American Made, Inc. | | | | | |
| 3. Principal Office Address | Tereat An | —————— | | | To-1- | | |
| 31 Delaine Street | | | City Provid | ence | State | Zip 02909 | |
| 4. NAICS Code | 6 Brief descript | ion of the characte | | | | | |
| 315990 | · · | Brief description of the character of business conducted in Rhode Island Apparel Accessories and Other Apparel Manufacturing | | | | | |
| State of Incorporation | - Properties | The second and Other Apparel Manufacturing | | | | | |
| Rhode Island | | | | | | | |
| 7. List ALL officers (names and | addresses) | | | Check the ho | v to indica | te an attachment [] | |
| President Name Joseph Terino, Jr. | | | | Check the box to indicate an attachment Vice-President Name | | | |
| | | | Stroot Addrson | | | | |
| Street Address 31 Delaine Street | | | Street Address | | | | |
| City Providence | State RI | ^{Z₁p} 02909 | City | | State | Zip | |
| Secretary Name | | 02000 | Treasurer Name | | | | |
| | | | | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zıp | |
| 8. List ALL directors (names and | addresses) | | | Chook the he | y to jedies | 10.00.000.000 | |
| Director Name | | | Check the box to indicate an attachment ☐ Director Name | | | | |
| Street Address | | | 100 | <u> </u> | | | |
| | | | Street Addr | ess | | | |
| City | State | Zip | City | | State | Zıp | |
| Director Name | <u> </u> | 1 | Director Na | | | | |
| | | | | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | <u> </u> | State | Zip | |
| 9. Shares Authorized | l | 40.05 | <u> </u> | - | <u></u> | | |
| This information is currently of re | ord in the | 10. Shares Issue | | Check the bo | x to indica | te an attachment PAR VALUE | |
| Department of State. Changes require an additional filing. | | 40 | | CNP | | 0,0 | |
| | | 40 | | cul | - | _ | |
| 11. This report must be executed | on hehalf of the co | 1 | | | | 6,8 | |
| This report must be executed ceiver or trustee, this report mus | t be executed on be | rporation by an aut half of the corpora | tnorized repi tion by the r | resentative. If the corpor eceiver or trustee. | ation is in t | he hands of a re- | |
| Under penalty of perjury, I dec | lare and affirm that | l I have examined | I this report | t, including any accom | panying so | chedules and | |
| Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date | | | | | | | |
| Joseph Terino, Jr. | | | | | | 1/10/2024 | |
| Signature of Authorized Representative | | | | | | | |
| Lank | Vania | | f. | AN 1 9 2024 | | | |
| MAIL TO: | | - } | | I - EULT | | | |
| Division of Business Services 148 W. River Street, Providence, Rho | de Island 02904-2615 | | ву | ACPK_ | | | |
| Phone: (401) 222 2040 | 02004-2013 | , | | (6). | | | |

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