



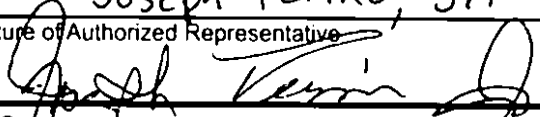
State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JAN 19 AM 11:42:17

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.

| | | | | | |
|--|--------------------|---|---------------------------|--------------------|--|
| 1. Entity ID Number 000797174 | | 2. Exact name of the Corporation Tercat American Made, Inc. | | | |
| 3. Principal Office Address 31 Delaine Street | | | City Providence | State RI | Zip 02909 |
| 4. NAICS Code 315990 | | 6. Brief description of the character of business conducted in Rhode Island Apparel Accessories and Other Apparel Manufacturing | | | |
| 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 Joseph Terino, Jr. | | | Vice-President Name | | |
| Street Address 31 Delaine Street | | | Street Address | | |
| City Providence | State RI | Zip 02909 | 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 | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 40 | | CNP | 0.0 |
| | | 40 | | CNP | 0.0 |
| 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 Joseph Terino, Jr. | | | | | Date 1/10/2024 |
| Signature of Authorized Representative  | | | | | FILED 11:43 |

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

JAN 19 2024
BY SACPK
KJ