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State of Rhode Island **Department of State - Business Services Division**

STAMP

Annual Report for the year:_	2024
Corporation	-
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Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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Penalty: Additional \$2	5.00 fee if form is r	not filed by May 31	1.			
1. Entity ID Number 000522697	2. Exact nat IGI Lending	me of the Corporat , Inc.	ion		H11:	
3. Principal Office Address 177 Georgia Avenue			City Providence	State RI	Zip Ž. Č 0230 5	
4. NAICS Code 522291		6. Brief description of the character of business conducted in Rhode Island To manufacture and sell findings, any ancillary purposes, and all other lawful purposes.				
5. State of Incorporation RI						
7. List ALL officers (names a	ind addresses)			Check the box to	o indicate an attachment	
President Name Michael W. McAllister			Vice-President Name			
Street Address 177 Georgia Avenue			Street Address	3		
City Providence	State RI	Zip 02905	City	State	Zip	
Secretary Name Michael W. McAllister			Treasurer Name Michael W. McAllister			
Street Address 177 Georgia Avenue			Street Address 177 Georgia Avenue			
City	State	Zip	City	State	Zıp	
Providence	Ri	02905	Providence	RI	02905	
8. List ALL directors (names	and addresses)			Check the box to	o indicate an attachment 🗔	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized This information is currently of record in the		10. Shares I	ssued	Check the box to		
		NUMBER OF SHARES		CLASS/SFRIES	PAR VALUE	
Department of State.		10	00	Common Shares	0.01 par value	
Changes require an additional	filing.					

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

Michael W. McAllister

Signature of Authorized/Rep esentative

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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