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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FEB 01	2024
110	02

1. Entity ID Number	2. Exact na	me of the Corporation	on of				
3 Bringer I Office Address	NE	CF QHI	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- 101	Ici-i- A	[m:=	
3. Principal Office Addréss LND	USTRI	AL DRII	E No. Sa	1/1+FIELD	State	I. 02890	
4. NAICS Code 720513				onducted in Rhode Is	land		
5, State of Incorporation	⊣	-AST FOO	D MESTA	runti i			
B, I.							
7. List ALL officers (names and	addresses)	·-····································	· · · · · · · · · · · · · · · · · · ·		x to indicate	an attachment 🔲	
President Name ARC M	BRAN	CHAUD	Vice-President				
Street Address TROUTBA	ook L	ANE	Street Address	· · · · · · · · · · · · · · · · · · ·		.	
Mb, Smith Field	State	200289	City		State	Zip	
Secretary Name	71		Treasurer Nam	16		•	
Street Address			Street Address				
City	State	Zφ	City		State	Zip	
8. List ALL directors (names an	d addresses)	.	- ' 	Check the bo	x to indicate	an attachment 🔲	
Director Name			Director Name				
Street Address			Street Address	•			
City	State	Zip	City		State	Ζip	
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name		<u> </u>	1	
treet Address			Street Address	Street Address			
City	State	Ζίρ	City		State	Žip	
9. Shares Authorized		10. Shares Is				an attachment	
This information is currently of re Department of State.	ecord in the		OF SHARES	CLASS/SFRIFS	·	PAH VALUE	
Changes require an additional fil	ina.			$\overline{}$			
	···· y ·				ì		
11. This report must be execute					ration is in the	e hands of a re-	
ceiver or trustee, this report mu Under penalty of perjury, I de	clare and affirm	that i have exami	ned this report, in		panying sci	redules and	
statements, and that all state. Name of Authorized Represent	ments containe	d herein are true a	nd correct.				
MARC	M. B	KANO HI	4U)		Date /-3/	-24	
Signature of Authorized Repres	entative				., -,	•	
MARL TO:	100						

Division of Business Services

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

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

FORM 630- Revised: 12/2023