



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.

FEB 02 2024

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| 1. Entity ID Number<br>000043281                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                        | 2. Exact name of the Corporation<br>JOE DYNASTY RESOURCES INC                                                                                                                                                          |                             |                    |              |                  |              |           |      |   |          |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------|--------------|------------------|--------------|-----------|------|---|----------|--|--|--|
| 3. Principal Office Address<br>709 METACOM AVE                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        | City<br>BRISTOL                                                                                                                                                                                                        |                             | State<br>RI        | Zip<br>02809 |                  |              |           |      |   |          |  |  |  |
| 4. NAICS Code<br>541611                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6. Brief description of the character of business conducted in Rhode Island<br>MANAGEMENT AND ACCOUNTING OF PERSONAL SERVICES, REAL ESTATE AND ASSESTS |                                                                                                                                                                                                                        |                             |                    |              |                  |              |           |      |   |          |  |  |  |
| 5. State of Incorporation<br>RHODE ISLAND                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |                                                                                                                                                                                                                        |                             |                    |              |                  |              |           |      |   |          |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        |                                                                                                                                                                                                                        |                             |                    |              |                  |              |           |      |   |          |  |  |  |
| President Name<br>ALEXANDER H JOE                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                        |                                                                                                                                                                                                                        | Vice-President Name<br>NONE |                    |              |                  |              |           |      |   |          |  |  |  |
| Street Address<br>178 TOUISSET RD                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                        |                                                                                                                                                                                                                        | Street Address              |                    |              |                  |              |           |      |   |          |  |  |  |
| City<br>WARREN                                                                                                                                                                                                                                                                                                                                                                                                                                                   | State<br>RI                                                                                                                                            | Zip<br>02885                                                                                                                                                                                                           | City                        | State              | Zip          |                  |              |           |      |   |          |  |  |  |
| Secretary Name<br>NONE                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        |                                                                                                                                                                                                                        | Treasurer Name<br>NONE      |                    |              |                  |              |           |      |   |          |  |  |  |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        |                                                                                                                                                                                                                        | Street Address              |                    |              |                  |              |           |      |   |          |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                                                                  | Zip                                                                                                                                                                                                                    | City                        | State              | Zip          |                  |              |           |      |   |          |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                        |                                                                                                                                                                                                                        |                             |                    |              |                  |              |           |      |   |          |  |  |  |
| Director Name<br>NONE                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        |                                                                                                                                                                                                                        | Director Name<br>NONE       |                    |              |                  |              |           |      |   |          |  |  |  |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        |                                                                                                                                                                                                                        | Street Address              |                    |              |                  |              |           |      |   |          |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                                                                  | Zip                                                                                                                                                                                                                    | City                        | State              | Zip          |                  |              |           |      |   |          |  |  |  |
| Director Name<br>NONE                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        |                                                                                                                                                                                                                        | Director Name<br>NONE       |                    |              |                  |              |           |      |   |          |  |  |  |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        |                                                                                                                                                                                                                        | Street Address              |                    |              |                  |              |           |      |   |          |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                                                                  | Zip                                                                                                                                                                                                                    | City                        | State              | Zip          |                  |              |           |      |   |          |  |  |  |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                        | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                  |                             |                    |              |                  |              |           |      |   |          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                        | <table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>5000</td><td>C</td><td>NPV 0.00</td></tr><tr><td></td><td></td><td></td></tr></tbody></table> |                             |                    |              | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 5000 | C | NPV 0.00 |  |  |  |
| NUMBER OF SHARES                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CLASS/SERIES                                                                                                                                           | PAR VALUE                                                                                                                                                                                                              |                             |                    |              |                  |              |           |      |   |          |  |  |  |
| 5000                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C                                                                                                                                                      | NPV 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.<br><b>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.</b> |                                                                                                                                                        |                                                                                                                                                                                                                        |                             |                    |              |                  |              |           |      |   |          |  |  |  |
| Name of Authorized Representative<br>ALEXANDER H JOE                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                        |                                                                                                                                                                                                                        |                             | Date<br>02/01/2024 |              |                  |              |           |      |   |          |  |  |  |
| Signature of Authorized Representative<br><i>Alexander H Joe</i>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                        |                                                                                                                                                                                                                        |                             |                    |              |                  |              |           |      |   |          |  |  |  |