



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.

FILED

FEB 05 2024

1. Entity ID Number <u>156976</u>		2. Exact name of the Corporation <u>VAST INC</u>			
3. Principal Office Address <u>73 Peptoad Road</u>			City <u>North Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
4. NAICS Code <u>711320</u>		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation <u>Rhode Island</u>		<u>Service + Rental</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>William Frederickson</u>			Vice-President Name <u>NONE</u>		
Street Address <u>73 Peptoad Road</u>			Street Address		
City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>		
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 <u>William Frederickson</u>			Director Name <u>NONE</u>		
Street Address <u>73 Peptoad Road</u>			Street Address		
City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City	State	Zip
Director Name			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIFS		
			PAR VALUE		
			<u>1,000</u>		
			<u>CWP</u>		
			<u>.01</u>		
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 <u>William Frederickson</u>					Date <u>2-2-23</u>
Signature of Authorized Representative 					