RI SOS Filing Number: 202446728630 Date: 2/14/2024 4:00:00 PM

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

FE9 14	2 024	
FE3 14	60	7

→ Penalty: Additional \$25.00 fe	ee if form is not fi	led by May 31.						
1. Entity ID Number	2. Exact name of	f the Corporation						
95775	MADEIRA VENTURES, INC.							
3. Principal Office Address	City State Zip					Zip		
P.O. BOX 156			ССМВ	ERLAND	RI	02864		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
531120	TO ACQUIRE BY PURCHASE, LEASE OR OTHERWISE AND TO							
5. State of Incorporation	IMPROVE AND DEVELOP REAL PROPERTY							
RHODE ISLAND								
	7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name JOSEPH I. FEI	I. FERREIRA			Vice-President Name				
Street Address P.O. BOX 156	156			eet Address .				
^{City} CUMBERLAND	State RI	^{Zip} 02864	City		State	Zip		
Secretary Name JOSEPH I. FEI	RREIRA Treasurer Name MARIA M. COSTA					· •		
P.O. BOX 156			Street Address P.O. BOX 156					
City CUMBERLAND	State RI	^{Zip} 02864	City CUMBERLAND		State RI	Zip 02864		
8. List ALL directors (names and ac	ldresses)			Check the b	ox to indicate	an attachment 🔲		
Director Name			Director Na	ame				
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	<u>. </u>	10. Shares Issued Check the box to indicate an attachment						
This information is currently of recor	d in the	NUMBER OF SI		CLASS/SERIE		PAR VALUE		
Department of State. Changes require an additional filing.		100		COMMON \$0.00		0.00		
11. This report must be executed or	n behalf of the cor	Doration by an aut	horized ren	I resentative If the com-	ration is in the	ne hands of a re-		
ceiver or trustee, this report must b	e executed on bel	half of the corporat	tion by the i	receiver or trustee.	Janon is in a	ie nands of a re-		
ceiver 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 Date								
JOSEPH1. FERREIRA 2/					16/24			
Signature of Authorized Representative								
414 /4122 21	iorle							
MÁN YOUK / /								

Division of Business Services (148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.n.gov