RI SOS Filing Number: 202446891910 Date: 2/20/2024 4:00:00 PM

Corporation							۸,۰	2 ~ \		
→ Filing period February 1 - May	nv [ ]									
→ Filing Fee: \$50.00			B	ا						
→ Penalty: Additional \$25.00 fee if					$\sim 1$					
								$\mathcal{U} \mathcal{N}$		
1. Entito-ID Number										
MY US										
3. Principal Office Address	I DOVER GA	N.H	GE 11 INC	City			State	Zip		
17 AIRPORT RD-RE	mγ	WARWI	CK		RI	02889				
4. NAICS Code	6. Brief description of the character of busi							1 02.009		
531120	o. Bhei descripilo		THE CHAIRCE OF DOSHIT	ess conducte	a iii i tilode isiaiko					
5 State of Incorporation	1									
· ·	COMMEDICA	n -	חראי הכחאת							
CT		<u> </u>	REAL ESTAT	r.	Cha	al the bas	ta india		$\overline{}$	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment					
President Name	Vice-President Name									
PETER CUNNINGHAN Street Address	Street Address									
48 HOYT ST	Street Address									
City	State Zip			City	State	<del></del> 1	Zip			
NEW CANAAN	CT			City	JILY			الماري		
Secretary Name	CT   36840			Treasurer N	L					
Sourciary Harrie										
Street Address	Street Address									
City	State	Zip	)	City	· · ·	State		Zip		
<b> </b>		·		'						
8. List ALL directors (names and addresses)					Check the box to indicate an attachment					
Director Name				Director Name						
				1						
Street Address				Street Address						
City State		Zip		City		State		Zip		
						<u> </u>				
Director Name				Director Name						
<b></b>	<del></del>									
Street Address				Street Address						
os louis late			- Ch.				TZin			
City	State	Zip	)	City		State		Zip		
9. Shares Authorized	<u></u> -		10. Shares leaved	l	Chr	ok the how	to india	le an attachment		
			†				k the box to indicate an attachment			
This information is currently of record in the Department of State.			NUVBER OF SH 180	COMMON CLASS/SERI		ES PAR VALUE		PAR VALUE		
Changes require an additional filing.			100		COMMON					
11. This report must be executed of		VY 2	tion by an authorized (	nrecentaliza	If the composition is in	the hands	0[ 2 (0-			
ceiver or trustee, this report must			•			i ire nareos	Ura ic-			
Under penalty of perjury, I d						ccompan	vina se	chedules and		
statements, and that all state				-	, molocolly any a		,y 50			
Name of Authorized Representation		<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>				Date 7	1./-		
1/m U	my c	_						110/24		
Signature of Authorized Represent PETER CUNNINGHAN										

## MAIL TO:

Division of Business Services

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

State of Rhode Island

Annual Report for the year: 2024

Corporation

Department of State - Business Services Division

Phone: (401) 222-3040 Website: www.sos.n.gov FEB 2 0 2024