RI SOS Filing Number: 202447187670 Date: 2/23/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 23 2024
BY

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.

1. Entity ID Number	2. Exact name of the Corporation		
509509	Eye Sun Protection, Inc.		
3. Principal Office Address	City	State	Zip
10 River Street	Cranston	RI	02905
4. NAICS Code: 424990	6. Brief description of the character of business conducted in Rhode Island: Sales agent in distribution, delivery, purchase and sales of goods.		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Phillip B. Kelly			Vice-President Name: Phillip B. Kelly		
Street Address: 10 River Street			Street Address: 10 River Street		
City: Cranston	State: RI	Zip: 02905	City: Cranston	State: RI	Zip: 02905
Secretary Name: Phillip B. Kelly			Treasurer Name: Phillip B. Kelly		
Street Address: 10 River Street			Street Address: 10 River Street		
City: Cranston	State: RI	Zip: 02905	City: Cranston	State: RI	Zip: 02905

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Phillip B. Kelly			Director Name		
Street Address: 10 River Street			Street Address		
City: Cranston	State: RI	Zip: 02905	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	None

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: Phillip B. Kelly, President

Date: 2/20/2024

Signature of Authorized Representative: Kevin A Kelly attorney for Phillip Kelly

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

John S. Petrone
Notary Public
State of Rhode Island
MY COMMISSION EXPIRES 6-12-2025
Commission #23209