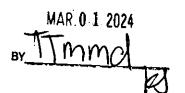
State of Rhode Island					##C3		
Department of State - Business Services Division					デンカ こ。 RD		
Annual Report for the year: 2024					D. P. P. C.		
Corporation					<u>∺</u> α ∷.α		
Filing period: February 1 - May 1 Filing Fee: \$50.00					1	<u> </u>	
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.					_ &		
1. Entity ID Number 2. Exact name of the Corporation							
00161/681 tenco tro Inc							
3. Principal Office Address			City	/	State	Zip	
433 New Mead	du 10	7 1) 1	13am		15	02806	
4. NAICS Code	6. Brief description	on of the characte	er of business	of business conducted in Rhode Island			
5. State of Incorporation	Fence Installation						
O T							
7. List ALL officers (names and ad	dresses)			Check the box	to indica	ite an attachment	
Procedent Name				Vice-President Name			
Kevin A Vieira Stroot Address			Street Address				
	33 New Meadow Rd						
Barnaton	State	12804e	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Stroet Address				
	To: .	T-:			To: .	Ta:	
City	State	Zip	City		State	Zip	
8 List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name				Director Name			
Street Address			Street Address				
City	State	Zip	City	-	State	Zip	
	<u> </u>	<u> </u>			<u> </u>		
Director Name			Director Name				
Street Address				ss		· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	City		State	Zip	
		<u>.</u> .	Ť			j .	
9. Shares Authorized This information is currently of reco	and in the	10. Shares Issu NUMBER OF S		Check the bo	x to indic	ate an attachment PAR VALUE \	
Department of State.		10)	אר		5.00		
Changes require an additional filing.		· VUL				<u> </u>	
11. This report must be executed a	on bohalf of the cou	poration by an a	thorized resp	acontative If the comer	otion is in	the hands of a re	
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 Date						1	
Hanne Chan		[3/	1/24				
Signature of Authorized Representative							
Grance Charlon FILED							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov



FORM 630- Revised: 12/2023