

## State of Rhode Island Department of State - Business Services Division

FILED

MAR	1 % 2024	
BY_	4 1228	)

Allitual Report for the year.	2029
Corporation	
	May 4

₹ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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Penalty: Additional \$25.00 f	lee if form is not	filed by May 31.						
Entity ID Number	D Number 2. Exact name of the Corporation							
60000 1828	State							
3. Principal Office Address			City		State	Zip		
1 Cano Stear			JOH	vster	Q.I	0296		
4. NAICS Code	6. Brief descrip	ation of the characte	r of business	s conducted in Rhode	Island			
33120	-,	•		e, avouge 4	iste of	ce,		
5. State of Incorporation	Ususope FRelestel Cook							
7. List ALL officers (names and ad-	dresses)			Check the	oox to indicate a	n attachment 🔲		
President Name				ent Name		-		
Use Golo			54	ott 926	<del> </del>			
Street Address 36 Designe Duve			Street Address 15 LACAVIA DUVE  City CHAUSLA  State 0283					
City CBNGGO	State 2.7	Zip 0144	City Col	raisla	State	Zip 0282		
Secretary Name Leavie 546			reasurer N	leme 52	lo	<u> </u>		
Street Address			Street Addr		rie			
City Crenter	State 7	Ziporez4	City	Esnelle	State	Zip 22424		
8. List ALL directors (names and a				Check the	box to indicate a	n attachment 🗖		
Director Name			Director Na	me				
Street Address			Street Addr	ess				
City	State	Zip	City	<u></u>	State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized	<u>.</u>	10. Shares Issu	ed			an attachment 🔲		
This information is currently of reco	ord in the	NUMBER OF S	HARES	CLASS/SER	ES	PAR VALUE		
Department of State.		500	o stock		20.0	\$.60		
Changes require an additional filing	<b> .</b>							
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands 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								
Signature of Authorized Representative					45,2028			
Signature of Authorized Representative								

MAIL TO:

Division of Business Services

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

Website: www.sos.ri.gov