RI SOS Filing Number: 202449085910 Date: 3/13/2024 4:00:00 PM

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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
→ Penalty: Additional $25.00 fee if form is not filed by May 31

FILED
MAR 13 2024
BY 4233

1 Entity ID Number	2. Exact name of the Corporation			
000512569	INVIDIA, Inc			
3 Principal Office Address		City	State	Zip
170 EAST MAIN ROAD		MIDDLETOWN	RI	02842
4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
812112				
5 State of Incorporation				
RI	HAIR SALON & SPA			

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

President Name			Vice-President Name		
CATARINA CORDEIRO			STMT 1		
Street Address			Street Address		
32 VAN BUREN STREET					
City	State	Zip	City	State	Zip
WESTPORT	MA	02790			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
CATARINA CORDEIRO					
Street Address			Street Address		
32 VAN BUREN STREET					
City	State	Zip	City	State	Zip
WESTPORT	MA	02790			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9 Shares Authorized — 10 Shares Issued — Check the box to indicate an attachment

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

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON	01

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: Catarina Cordeiro — Date: 3/10/24

Signature of Authorized Representative: CATARINA CORDEIRO

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

FORM 630 - Revised 12/2023

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 13 2024
BY 2097

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			
000036624	YORK REALTY CORP.			
3. Principal Office Address		City	State	Zip
730 YORK AVE.		PAWTUCKET	RI	02861
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531312	GENERAL REAL ESTATE BUSINESS			
5. State of Incorporation				
RI				

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

President Name HOWARD J. HALL			Vice-President Name KATHY P. MELIA		
Street Address 45 GROTON RD			Street Address 45 HIGH ST.		
City WESTFORD	State MA	Zip 01186	City NORTH ANDOVER	State MA	Zip 01845
Secretary Name HOWARD J. HALL			Treasurer Name KATHY P. MELIA		
Street Address 45 GROTON RD			Street Address 45 HIGH ST.		
City WESTFORD	State MA	Zip 01186	City NORTH ANDOVER	State MA	Zip 01845

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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1,000	CPN	0.00
Changes require an additional filing.			

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
JEREMY A QUILL	03/11/2024

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

FORM 630- Revised: 12/2023