

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 19 2024

BY 1456

1. Entity ID Number 000646207		2. Exact name of the Corporation NYXXIS, INC.			
3. Principal Office Address 85 HORSE NECK ROAD			City WARWICK	State RI	Zip 02889-8910
4. NAICS Code 454110		6. Brief description of the character of business conducted in Rhode Island E-BAY SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name JAROSLAW REGENT			Vice-President Name		
Street Address 85 HORSE NECK ROAD			Street Address		
City WARWICK	State RI	Zip 02889-8910	City	State	Zip
Secretary Name JAROSLAW REGENT			Treasurer Name JAROSLAW REGENT		
Street Address 85 HORSE NECK ROAD			Street Address 85 HORSE NECK ROAD		
City WARWICK	State RI	Zip 02889-8910	City WARWICK	State RI	Zip 02889-8910
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name JAROSLAW REGENT			Director Name		
Street Address 85 HORSE NECK ROAD			Street Address		
City WARWICK	State RI	Zip 02889-8910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment ☐			
		NUMBER OF SHARES		CLASS/SERIES	
		100		COMMON	
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 <i>Jaroslav Regent</i>					Date <i>3/11/2024</i>
Signature of Authorized Representative JAROSLAW REGENT					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov