State of Rhode		ong Comices I	Division				
Department of State - Business Services Annual Report for the year: 2027			DIVISION				
Corporation			MAR 2 0 2024 DV				
Filing period: February 1 - May 1			Eme				
Filing Fee: \$50.00 Penalty: Additional \$	25.00 fee if form is no	ot filed by May 31			کش (
Entity ID Number		e of the Corporation					
6700							
3. Principal Office Address	<u> </u>	MCOLE (City	VIII IA	State	Zip	
`	440 8111	'	21110	NI	0292		
4. NAICS Code	ANO PLAINFIELD PILE NAICS Code 6. Brief description of the characteristics.					02/2/	
^	b. Brief descr	iption of the charact	er of business	conducted in Kno	de Island		
237/10		UTICITY	COMJ	rauna			
5. State of Incorporation		0,,0,,,					
K,I.							
7. List ALL officers (names	Check the box to indicate an attachment [
President Name			Vice Preside	nt Name			
PAUL D'EA Street Address	Core		Street Addre	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
20 BAMES	una CINCLA	•	Gireer Addre	33			
CH MISEAU	State N I	Zip	City		State	Zip	
Secretary Name			Treasurer Na	ame THUM D'C	Acoix	•	
Street Address			Street Addre	ss O'EN COLE	on.		
City	State	Zip	City		State	Zip	
			Cn	かいての	NI	0292	
8. List ALL directors (names Director Name	and addresses)		Director Nan		he box to indicate a	n attachment [
PAUL O'EN	6016			17701 0'C	SA COLE		
Street Address	· · · · · · · ·	 	Street Addre	SS			
20 BULLAN		11 O'EACOLE DA.					
Coly Col May (For	State N I	Zip 02 92,	City	משו לכני	State M I	Zip OLGUD	
Director Name		10-121	Director Nan		1 7.3	10000	
Street Address			Street Addre				
00 661 AUQ1633			30000	33			
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss		Check	the box to indicate a	an attachment	
This information is currently of record in the		NUMBER OF	NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
Department of State.		10	100		Cornon HONE		
Changes require an additional filing.							
1		I			I		

Signature of Authorized Representative

Name of Authorized Representative

MAIL TO:

Division of Business Services

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

ceiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

statements, and that all statements contained herein are true and correct.

D'En coix

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

Phone: (401) 222-3040 Website: www.sos.ri.gov J-18-27