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

FILED
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MAR 27 2024
BY 1010

**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 | | |
|---|---|---|---|
| 000789991 | iBuy4Resale, Inc. | | |
| 3. Principal Office Address | City | State | Zip |
| 190 Viceroy Road | Warwick | RI | 02886 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | |
| 311911 | Resale service | | |
| 5. State of Incorporation | | | |
| Rhode Island | | | |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name: David H. Kosciusko | | | Vice-President Name: Amy E. Kosciusko | | |
| Street Address: 139 Arnoldneck Drive | | | Street Address: 139 Arnoldneck Drive | | |
| City: Warwick | State: RI | Zip: 02886 | City: Warwick | State: RI | Zip: 02886 |
| Secretary Name: Amy E. Kosciusko | | | Treasurer Name: David H. Kosciusko | | |
| Street Address: 139 Arnoldneck Drive | | | Street Address: 139 Arnoldneck Drive | | |
| City: Warwick | State: RI | Zip: 02886 | City: Warwick | State: RI | Zip: 02886 |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name: David H. Kosciusko | | | Director Name: | | |
| Street Address: 139 Arnoldneck Drive | | | Street Address: | | |
| City: Warwick | State: RI | Zip: 02886 | 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 ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 1,000 | CNP | $0.0000 |
| | | | |

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 |
|---|---|
| David H. Kosciusko | 3/8/2024 |

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: 2/2023