RI SOS Filing Number: 202449618370 Date: 3/27/2024 4:00:00 PM

Annual Report for the ye Corporation	MAR 27 2024								
→ Filing period: February 1 - May 1					DV 1 K-1 1				
→ Filing Fee \$50 00				BY					
→ Penalty: Additional \$25.00 fee if form is not filed by May 31						·· <u>-</u>	<u> </u>	0>	
1 Entity ID Number	2. Exact name of the Corporation								
001691007	EDWARD CLARK, INC.								
3 Principal Office Address				City			State	Z _{iD}	
96 HOYT AVENUE				RÚMES	ORD		3.	02916-2528	
4. NAICS Code	6. Brief descripti	on c	of the character of b		ducted in Rhode Islan	đ		1	
713900									
5. State of Incorporation									
RI	GOLF LES	550	าพร						
7 List ALL officers (names and addresses)					Check the box to indicate an attachment				
President Name				Vice-President Name					
EDWARD F. CLARK									
Street Address				Street Address					
15 BERWICK PLACE									
City	State	Ζp		Çıty -		State	Ţ	Zip	
RUMFORD	RI	02	2916-1911			1			
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					
Street Address				Street Address					
City	Stato 2			City		State		Ζιρ	
Director Name				Director Name					
Street Address				Street Address					
City	State Zip			City		State		Zip	
9. Shares Authorized		10. Shares Issued		Ch		eck the box to indicate an attachment			
This information is currently of record in the NUMBER OF				SHARES	CLASS/SER	ıcs		PAR VALUE	
Department of State.			500	O COMMON				1	
Changes require an additiona	ıl filing.								
11. This report must be execute	d on behalf of the	com	poration by an autho	nzed represe	entative. If the corpora	ition is in t	he hand:	s of a receiver or	
trustee, this report must be exe	cuted on behalf of	the	corporation by the r	eceiver or tr	ustee.				
Under penalty of perjury, t						ny acco	трапуіі	ng schedules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date 7 - 77 - 7 / /									
Signature of Authorized Repres	cantatun		AN.					3-20-24_	
EDWARD F CLARK	entanye.								

MAIL TO:

State of Rhode Island

Department of State - Business Services Division