

State of Rhode Island
Department of State - Business Services Division

FILED

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

MAR 27 2024

BY

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| | | | | | |
|---|-------------|---|---------------------|-----------------|-------------------|
| 1. Entity ID Number 001691007 | | 2. Exact name of the Corporation EDWARD CLARK, INC. | | | |
| 3. Principal Office Address 96 HOYT AVENUE | | City RUMFORD | | State RI | Zip 02916-2528 |
| 4. NAICS Code 713900 | | 6. Brief description of the character of business conducted in Rhode Island GOLF LESSONS | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name EDWARD F. CLARK | | | Vice-President Name | | |
| Street Address 15 BERWICK PLACE | | | Street Address | | |
| City RUMFORD | State RI | Zip 02916-1911 | City | State | Zip |
| 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 <input type="checkbox"/> | | | | | |
| 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 Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 500 | | COMMON | 1 |
| 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 3-20-24 | |
| Signature of Authorized Representative EDWARD F. CLARK | | | | | |

MAIL TO:

Division of Business Services

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