RI SOS Filing N	Number: 2024	l51948490	Date: 4/	22/2024_4:00:00_J	PM	
-						REC'D '24 APR
State of Rhode Island						EC C
Department of Sta	ate - Busines	is Services D	ivision			78.5
Annual Report for the year:	20	24				272
Corporation -		<u> </u>				2ը 2-
→ Filing period: February 1 - I	May 1					స్టేహ
→ Filing Fee: \$50.00	•					:51 851
→ Penalty: Additional \$25.00 fe						
1. Entity ID Number	2. Exact name of	the Corporation			- / ~	3
572720	206	IN EU	18B12	IND 12	$IIV \cup$	ı
3. Principal Office Address		110 12 10	City	****	State	Zip
1100 1 1	\sim			$\sqrt{\Lambda}$ II_C	Br	1 · 🔼
494 High S	<u> </u>		<u> </u>	M4 11 /	- // -	<u> </u>
4. NAIOS Code	6. Brief description	on of the character	of busines	s conducted in Rhode Is	iano*	'
731120						
5. State of Incorporation	1 -		~ /	-		
RX	15A	R / Env!	, K'la	M. M		
7. List ALL officers (names and add	tercoe)		(1)/14	Charletta ha	v to Indicate	an attachment
President Name			Vice-Presid		r to ii kureate	en assacimient [
Jose Lima						
Street Address CENTRAL STreet			Street Address			
OU CEVITIC			ļ		72	
City CPIVILIAN Falk	State	02863	City		State	Zip
Seemton Name	<u> </u>	102100	Treasurer N	Jama	ــــــــــــــــــــــــــــــــــــــ	
Secretary Name			ileasole) i	Marrie		1
Street Address			Street Address			
City	State	Zip	City		State	Zip
	<u> </u>	<u> </u>	<u>l</u>		1	
List ALL directors (names and ac	Jdresses)		1		x to indicate	an attachment
Director Name			Director Na	me		
Street Address			Street Addr	220		
0.000,700,000			0			
City	State	Zip	City		State	Zip
		1			1	
Director Name			Director Na	me		
Street Address			Street Address			
City	State	Zip	City	 	State	Zip
City	Siele	- ip	City		Jule	
9. Shares Authorized		10. Shares Issue	d	Check the bo	x to indicate	e an attachment
This information is currently of recor	rd in the	NUMBER OF SH		CLASS/SERIES		PAR VALUE
Department of State.		! (\(\(\)	, I			
Changes require an additional filing.		100				
•						
11. This report must be executed or	n behalf of the con	poration by an auti	norized repr	resentative. If the corpor	ation is in th	e hands of a re-
ceiver or trustee, this report must be	e executed on beh	half of the corporati	ion by the re	eceiver or trustee.		
Under penalty of perjury, I declar				, including any accomp	enying sci	redules and
statements, and that all statements Name of Authorized Representative		min/are true and c	:orrect.		Date	
Traine or radionaed Representative	'	_			1	71.24
	1800				19-2	1-24
Signature of Authorized Represents	ative				1	' 1
	F		;- 11	ED		
MAN 70:			FIL	<u> </u>		
MAIL TO: Division of Business Services				•	. /	
148 W. River Street, Providence, Rhode	Island 02904-2615	c 1	APR 2	12 2024 KGDZ	1 X	
Phone: (401) 222-3040		2:51		1 1/ (11)	بر الح	630. Pavited 12/2022
Website: www.sos.ri.gov					PLINOT?	A DE REVISED IZZUZA
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