RI SOS Filing Number: 202454057810 Date: 4/30/2024 4:00:00 PM

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State of Rhode Islan	d					200 200 200	
Department of State - Business Services Division						T/2000	
Annual Report for the year:					J	(2) (E)	
Corporation -					GE 11	ုန်ပိုင်း	
→ Filing period: February 1 - → Filing Fee: \$50.00	May 1					85p 23:3	
Penalty: Additional \$25,00 f	ee if form is no	ot filed by May 31.				_ ట్రో	
1. Entity ID Number	2. Exact name of the Corporation						
001710067	Andrew	Ryan Violin <b>ş</b> ,	Inc.				
3. Principal Office Address				City State Zip			
29 Keene Street			_ Provi	dence	RI	02906	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
451140	Builds, Repairs and Sales of Violins and all activities associated with it.						
5. State of Incorporation	]						
RHode <u>Usnad</u> Island							
7. List ALL officers (names and ad President Name			Tvice-Pre	Check	the box to indicate a	n attachment 🔲	
Andrew J. Ryan							
Street Address 29 Keene Street				Street Address			
	State	Zip	City		State	Zip	
City Providence	RI	02906					
Secretary Name			Treasurer Name				
Street Address				Stree: Address			
City	State		City		State	Zip	
City	State	ا ا	City		State		
8. List ALL directors (names and a	ddresses)		In		the box to indicate a	an attachment	
Director Name			Director	Name			
Street Address			Street A	ddress			
City	State	Zip	City		State	Zıp	
,					<u> </u>		
Director Name			Director	Name			
Street Address				Street Address			
C'A	Toxas	T	<u> </u>	<del></del>	State	Zip	
City	State	Zip	City 		State	Ζίρ	
9. Shares Authorized		10. Shares Iss			k the box to indicate	an attachment PAR VALUE	
This information is currently of record in the Department of State.		AMO O IN	DDD CNP		0.00		
Changes require an additional filing	l.	Spar W		CNP -			
<ol> <li>This report must be executed a ceiver or trustee, this report must</li> </ol>						hands of a re-	
Under penalty of perjury, I decla	ire and affirm t	hat I have examine	ed this rep	ort, including any	accompanying sch	edules and	
statements, and that all statements Name of Authorized Representative		herein are true an	d correct.	·	Date /		
Andrew <u>J.</u> Ryan						4/12/24	
Signature of Authorized Represent	tative		FII.	50		<del>-/-/</del>	
Mol	Man						
MAII TO:			APR 3 (	<del>3 2024</del>			
MAIL TO: Division of Business Services	<del>-</del>	BY	132	3	.1		
148 W. River Street, Providence, Rhod	ie Island 02904-2/	615	ے ک	_			

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

FORM 630- Revised 12/2023