RI SOS Filing Number: 202454332700 Date: 5/2/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAY 0 2 2024
BY

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			
1753861	Adriance Group, Inc.			
3. Principal Office Address		City	State	Zip
75 Hayes Road		Schroon Lake	NY	12870
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	Real estate holding and any lawyful purpose.			
5. State of Incorporation				
New York				

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

President Name: Karl Vucich			Vice-President Name: Karl Vucich		
Street Address: 75 Hayes Road			Street Address: 75 Hayes Road		
City: Schroon Lake	State: NY	Zip: 12780	City: Schroon Lake	State: NY	Zip: 12780
Secretary Name: None			Treasurer Name: Karl Vucich		
Street Address:			Street Address: 75 Hayes Road		
City	State	Zip	City: Schroon Lake	State: NY	Zip: 12780

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

Director Name: None			Director Name: None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name: None			Director Name: None		
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.	0	Common	No Par Value

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
Karl Vucich	2/5/24

Signature of Authorized Representative
X Karl A. Vucich

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 12/2023