



State of Rhode Island
Department of State - Business Services Division

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.

FILED
MAY 02 2024
BY *[Signature]*

1. Entity ID Number 1753861		2. Exact name of the Corporation Adriance Group, Inc.			
3. Principal Office Address 75 Hayes Road			City Schroon Lake	State NY	Zip 12870
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real estate holding and any lawful purpose.			
5. State of Incorporation New York					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 12870	City Schroon Lake	State NY	Zip 12870
Secretary Name None			Treasurer Name Karl Vucich		
Street Address :			Street Address 75 Hayes Road		
City	State	Zip	City Schroon Lake	State NY	Zip 12870
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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 Karl Vucich				Date 2/5/24	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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