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24 MAY 10 PM 2:20:42State 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.

1. Entity ID Number 001744779		2. Exact name of the Corporation RI FIELD SERVICES INC			
3. Principal Office Address 3 WASHAKIE AVE			City NORTH PROVIDENCE	State RI	Zip 02911
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island We do property preservation work at foreclose property on behalf of the banks. after the eviction, bank send us the property to maintain and we do.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Fajle Rajib			Vice-President Name		
Street Address 3 WASHAKIE AVE			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02911	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Fajle Rajib			Director Name		
Street Address 3 WASHAKIE AVE			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02911	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAY VALUE
			0		0.01
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. <b>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.</b>					
Name of Authorized Representative Fajle Rajib				Date 5/7/2024	
Signature of Authorized Representative <i>Fajle Rajib</i>					

FILED

## MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.n.govMAY 10 2024  
BY 8F98T  
AA- 2:23pm.

FORM 630- Revised: 12/2023