RI SOS Filing Number: 202454609190 Date: 5/10/2024 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division	on FILED
State of Rhode Island Rusiness Services Division	
Department of State - Duo	MAY 10 2024
Department 2024	MAILOND
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Annual Report Polyman	BY
Non-Profit Corporation Non-Profit Corporation	0 0 1
→ Filing period: February 1 - May → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 2. Exact name of the Corporation	1 0- 0 Fighters
→ Filing Fee: \$20.00 → Filing Fee: \$20.00 fee if form is not filed by they → Penalty: Additional \$25.00 fee if form is not filed by they	Cetred Williams
2. Exact name of the Character of 5. Brief description of the character of	Turiness conducted in Rhode Island
737 (a 6	Drighten
5. Brief description	, , ,
Court of locorporphy	$\sim 10^{-1}$
3. State of Rid	1710
Umitos	State P 0 2816
4. NAICS Code	
83110	City Country A set the box to indicate an attachment
6. Principal Office Address	Check the box to indicate an attachment
	11001
7. List ALL officers (names and addresses)	Tvice-President Name Was 000 D.
7 List ALL officers (names and a	Street Address 3 smilt luck Ting and
President Name Physiq Octavia	Street Address 3 Amel State O Zig 2 909
Presidenting of ST	The state of the s
Street Address Libral State R. Zip 0281	
	Treasurer Name
City Country	
1661	Street Address house of State D Zip JOU
Secretary Name	State P. J. O. dava
La le la	4 cm Couentry
City North Trou State D Zip 0 2 9 0 2 10 2 10 2 10 2 10 2 10 2 10 2	T list at least THREE directors Check the box to indicate an attachment
CIN M. H. MOU Creations MUS	T list at least Trice Check the down
temes and addresses). RI Corpulations	a Nome Oranout
8. List ALL directors (names of	Direction in the contract of t
	Street Address Cleaning D Zipro10
Directo (Name) Utch 1	Street Address Clamb State D. 20219
Liver liver	city 1 habato
Street Address Stone State Zip	\03\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
To the time	pireau Vina
City Moderation	
Director Name	Street Andrew State Out Zing 281
Director	
Street Address City State Zip 9. The Registered Agent information of record with the RI Department of the RI D	City Over 114 Sharkes require filing Form 641.
State	of State is accurate. Changes to
City Assort with the RI Dep	artment of otto
Projectored Agent information of record that I have e	artment of State is accurate. Changes require filing Form or samined this report, including any accompanying schedules and true and correct. Assistant Secretary, Treesurer, duty Authorized Representative, Receiver or Trustee.
9. The Registered Agent information of Teacher Under penalty of perjury, I declare and affirm that I have e statements, and that all statements contained herein are statements, and that all statements vice-President, Secretary, A	true and correct Treasurer, duly Authorized Represent Date
Under penalty of photosistements communicate and that all statements communicate and that all statements communicate president. Secretary,	Assistant Sections
State Inches	
This report must be authorized Representative	
Name of United	
Signature of Officer/Authorized Representative	
ature of Officer/Authorized	
signature Jean	_
	FORM 631. Revised: 127,
MAIL TO: Division of Business Services Division of Business Services Rhode Island 02904-2615 148 W. River Street, Providence, Rhode Island 02904-2615	FORM 031
Division of Business, Providence, Know tales	
148 W. River Sites Phone: (401) 222-3040 Phone: (401) 205.fl.gov	
Phone: (401) 222	