| RI SOS Filing N | umber: 2024 | 54754890 [| Date: 5/2 | 22/2024 <u>11:35:00</u> <i>2</i> | AM | | |
|---|--|---|----------------|----------------------------------|----------------------|----------------|--|
| PARA of Physical Inland | | | | | | Ŋ. | |
| State of Rhode Island Department of State - Business Services Division | | | | | | 次4 関第 | |
| Annual Report for the year: 267_3 | | | | | | 선생 | |
| Corporation | | | | | | <u> </u> | |
| Filing period: February 1 - May 1 | | | | | | £ 22 | |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. | | | | | | - 100 - 100 | |
| 1. Entity ID Number | 2. Exact name of | | | | | 50 | |
| | E.A.D | esign f | -) MITE | 1 0 | | 24 | |
| 3. Principal Office Address | | | City | | State | Zip | |
| 570 BROAD S | >T . | | PR | DVIDENCE | P1 | 02947 | |
| 4. NAICS Code | 6. Brief description | on of the character | of busines | s conducted in Rhode Isl | and | | |
| 541340 | INTERIO | R-5, DESIC | iN/P | LANNING ANI | D DRAFT | NG | |
| 5. State of incorporation | ſ ' | | | | | | |
| RI | | | | | | | |
| 7. List ALL officers (names and add | | | Ildian Beneld | | to Indicate an at | achment 🛄 | |
| President Name MARTIN E. EZEAMA | | | | Vice-President Name | | | |
| Street Address 8 SUMMER COURT | | | Street Address | | | | |
| CHYSMITHFIELD | State [Z-] | ZIP 62917 | City | _ | State | Zip | |
| Secretary Name | | | Treasurer Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| L | <u></u> | <u> </u> | | | <u> </u> | | |
| List ALL directors (names and ac Director Name | ldresses) | | Director Na | | to indicate an at | tachment 🔲 | |
| | | | | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| Director Name | l | | Director Na | me | <u> </u> | ┸ | |
| Director Name | | | | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| | | 10.04 | | | . A. (md: | 10-1-1-1-1 | |
| 9. Shares Authorized This information is currently of recor | d in the | 10. Shares Issued NUMBER OF SH | | Check the box | k to Indicate an at | PAR VALUE | |
| Department of State. | | 500 | | STK | 0. | 0 | |
| Changes require an additional filing. | | | | | | | |
| 11. This report must be executed or | hehalf of the cor | oration by an auth | orized rene | recentative. If the corners | ition is in the hand | is of a re- | |
| ceiver or trustee, this report must be | e executed on beh | alf of the corporati | on by the re | eceiver or trustee, | | | |
| Under penalty of perjury, I declar statements, and that all statemen | e and affirm that its contained ben | i have examined : ein are true and c | this report | , including any accomp | anying schedule | s and | |
| Name of Authorized Representative | | | | | Date _/_ | 1 | |
| MARTIN E.EZEAMA | | | | | 5/22 | 2024 | |
| Signature of Authorized Representa | itive // (/ | | | | | | |
| Word Grane AFILED 1/35 | | | | | | | |
| MAIL TO: | 100 | 7 70 | | y (| | | |
| Division of Business Services 148 W. River Street, Providence, Rhode | Island 02904-2615 | | | MAY 22 2024 BY KM 8H) | | | |
| Phone: (401) 222-3040 Website: www.sos.ri.gov | | | | ~ KM8HU | FORM 630- Re | vised: 12/2023 | |
| ************************************** | | | E |) T | . 5 | | |
| | | | | | | | |