| RI SOS Filing N  | umber: 202                                       | 455759380           | Date: 6/14                          | 1/2024 9:37:00 AN          | И                |                   |
|--|--|---------------------|-------------------------------------|----------------------------|------------------|-------------------|
|  |  |                     |                                     |                            |                  |                   |
|  | a.   |                     |                                     |                            | 24 JUN           | <u> </u>          |
| State of Rhode Island Department of State - Business Services Division Annual Report for the year: Corporation |  |                     |                                     |                            |                  | š \               |
|  |  |                     |                                     |                            |                  | <u> </u>          |
|  |  |                     |                                     |                            |                  | טחה<br>           |
| Filing period: February 1  | - May 1  |                     |                                     |                            | 14 AMS:35:08     | g l               |
| Filing Fee: \$50.00  |  |                     |                                     |                            | 55               | <b>3</b>          |
| Penalty: Additional \$25.00  1. Entity ID Number   | 12 Lived year                                    | a of the Cathonsti  |                                     | ·                          |                  |                   |
| [ 17420.72   | 2. Exact ham                                     | iten R              | leal Est                            | ate Services<br>Smallfield | Inc              |                   |
| 3. Principal Office Address 446 RW. Januar P   | r.l·c  | ·                   | City                                | Smother eld                | State            | - 0084C           |
| 4. NAICS Code  |  |                     |                                     | o conducted in Rhode Isl   |                  |                   |
| 531320   | i  | •                   |                                     | , songacted at relieve the |                  |                   |
|  | Real   | Estak A             | jent                                |                            |                  |                   |
| 5. State of Incorporation  | 1  | `                   |                                     |                            |                  | İ                 |
| L RI   |  |                     |                                     |                            |                  |                   |
| 7. List ALL officers (names and ac   | ldresses)  |                     |                                     |                            | y to indicate a  | an attachment 🔲   |
| President Name Janchic Spenul  | Vice-Presio                                      | Vice-President Name |                                     |                            |                  |                   |
| Street Address   | <u>-</u>   |                     | Street Addre                        | <br>ess                    |                  |                   |
| 446 Pics. dre P.Le   |  |                     |                                     |                            |                  |                   |
| Worth Smith & H  | State  | 21p<br>02856        | City                                | 1/ 1                       | State            | Zρ                |
| Secretary Name   | 1 (0)  | 1 03810             | Treasurer N                         | lame                       | _l               |                   |
|  | <del></del>                                      |                     |                                     | /_                         |                  |                   |
| Street Address   | Street Addr                                      | Street Address      |                                     |                            |                  |                   |
| Chy  | State  | Žip                 | City                                | <del></del> .              | State            | Zip               |
|  |  |                     |                                     |                            |                  |                   |
| 8. List ALL directors (names and a   | addresses)                                       |                     | 10:                                 |                            | ox to indicate   | an attachment 🗆   |
| Director Name  |  |                     | Director Na                         | me                         |                  |                   |
| Street Address   | <del> · · · · · · · · · · · · · · · · · · </del> |                     | Ştreel Addı                         | ess                        |                  |                   |
|  |  |                     |                                     |                            |                  |                   |
| City   | State  | Zφ                  | City                                |                            | State            | Zip               |
| Director Name  | <u> </u>   | 1                   | Director Na                         |                            |                  |                   |
| Director Name  |  |                     | Jan Bardi Via                       |                            |                  |                   |
| Street Address   | Street Addr                                      | Streat Address      |                                     |                            |                  |                   |
|  | Toi-t-   | 17:-                | City                                | <del></del>                | State            | Zip               |
| City   | State  | Zip                 | City                                |                            | State            | 1-"               |
| 9. Shares Authorized   | _ <u></u>  | 10. Shares          | ssued                               |                            |                  | an attachment. [  |
| This information is currently of reco  | ord in the                                       | NUMBER              | OF SHARES                           | CLASS SERIE                | <u>s</u>         | PAR VALUE         |
| Department of State.   |  | <u> </u>            | $\cap$                              |                            |                  | 0~01              |
| Changes require an additional filing.  |  |                     | <u> </u>                            |                            |                  |                   |
|  |  |                     |                                     | connection if the next     | oration is in 15 | a hande of a ro   |
| 11. This report must be executed ceiver or trustee, this report must   | on behalf of the                                 | corporation by a    | n authorized rep<br>notation by the | receiver or trustee.       | יווי פו זוטוומוכ | ie nanos or a re- |
| Under penalty of perjury, I declar   | are and affirm (                                 | hat I have exam     | ined this repor                     | rt, including any accor    | npanying sc      | hedules and       |
| statements, and that all stateme   | ents contained                                   | herein are true     | and correct.                        |                            |                  |                   |
| Name of Authorized Representative  |  |                     |                                     |                            | Date 13          | 74                |
| Januk Sa   | Denzel   |                     |                                     |                            | V. 13            | ) <del>Q</del>    |
| Signature of Authorized Represen   | itative V  |                     |                                     |                            |                  |                   |
| \ \ \ \ \  | / \  |                     | •                                   |                            |                  |                   |
| 10 TO:   | 1  |                     |                                     | FILED                      | ^ _              | \                 |
| MAIL TO: Division of Business Services   | $\mathcal{I}$                                    |                     | H 14                                | 1 1 1 1 1 1 1              | $\mu$            | バタフ               |
| 148 W. River Street, Providence, Rhoo  | te Island 02904-2                                | 615                 | าก์เ                                | 114 2024 H                 | 115              |                   |
| Phone: (401) 222-3040<br>Website: www.sos.ri.gov   |  |                     | ۵V                                  | IHIDD'                     | FORM             | 631 4 1 12 20     |