| State of Rhode Island Department of State - Business Services Division | | | | | | REC'D | |
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| Annual Report for the year: 2024 Corporation ———————————————————————————————————— | | | | | EC'D RIDOS 85D JUN 24 PM 12: 181 | | |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 | | 2:18 2:18 | | | | | |
| Entity ID Number | | 2. Exact name of the Corporation | | | | | |
| 1720823 | BERMU | DEZ AND R | OJAS RI | EALTY INC | | | |
| 3. Principal Office Address 1272 CENTRAL AVENUE | | | 1 | JOHNSTON | | Zip 02919 | |
| 4. NAICS Code 531110 5. State of Incorporation | | 6. Brief description of the character of business conducted in Rhode Island LESSORS OR RESIDENTIAL BUILDING AND DEWELLING | | | | | |
| RHODE ISLAND | | | | | | | |
| 7. List ALL officers (names and President Name AUCOLAS D | Check the box to indicate an attachment UVice-President Name DIEGO ROJAS | | | | | | |
| Street Address 165 GREENSLIT AVENUE | | | Street Address 1272 CENTRAL AVENUE | | | | |
| City PAWTUCKET | State RI | Zip 02861 | City JOHNSTON | | State RI | Zip 02919 | |
| Secretary Name | | <u> </u> | Treasurer | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| List ALL directors (names and addresses) | | | Check the box to indicate an attachment | | | | |
| Director Name | | | Director N | ame | | | |
| Street Address | | | Street Add | iress | | | |
| City | State | Zip | City | | State | Zip | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| 9. Shares Authorized | | 10. Shares Iss | | | k the box to indicate | an attachment C | |
| This information is currently of record in the Department of State. | | 500 | r SHARES | CWP | | 100 | |
| Changes require an additional fi | iling. | | | | | | |
| 11. This report must be execut ceiver or trustee, this report mustee this report must be under penalty of perjury, I destatements, and that all state | ust be executed on eclare and affirm t | behalf of the corpo | ration by the ed this repo nd correct. | receiver or trustee ort, including any | e. accompanying sch | | |
| Name of Authorized Representative \[\lambda \cdot \c | | | JUN 2 4 2024 , | | 6/20/ | 6/20/24 | |
| MAIL TO: Division of Business Services | A. Bot | | BY_ | <u>60\</u> | ····· | ······································ | |

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

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