State of Rhode Island					24		
Department of State - Business Services Division					Fig.		
Annual Report for the year:					<b>Z</b> D _		
Corporation -	00	9			RIDOS 26 ⊶11		
Filing period: February 1 - May 1					XI:S		
Filing Fee: \$50.00					1:13: 1:13:		
Penalty: Additional \$25.00 fee if form is not filed by May 31.  1. Entity ID Number  2. Exact name of the Corporation					<u>ω</u> Θ		
12229	1.7	f the Corporation	` '	1	ယ်		
2 Disciple Off All	Green	MOOD DI	iria	1 (ground	<u>5.                                     </u>		
3. Principal Office Address	10.40		City	·1 . 1	State	Zip	
893 HARTFORC		<u> </u>	NO	cituall	J Kot	(255)	
812220	6. Brief descripti	on of the character	of busine	ss conducted in Rhode I	sland		
	Car	retery					
5. State of Incorporation	Le"	ick. F					
<u> </u>				•			
7. List ALL officers (names and add President Name	lresses)		Non Desai		ox to indicate ar	n attachment 🔲	
Gordon G CARLTON			Vice-Prosident Name (ARLTON.				
Street Address  OB 2   DOTEN O D'V =				Street Address			
City of 1	State	IZio — Coo	City 0	2 HAKITU	State	IZin	
Niscituate	RI	0285r)	NY	cituate	MI	0785	
JOANNE CARLTON Treasurer Name CARLTON							
Street Address				Street Address / Inp T Dvd D'YP			
				3 YAART HOY	O HY	۲	
City Situato	State 2 I	2 % DEM	°	pitinto	State RT	13857	
8. List ALL directors (names and ac	dresses)	1000		Check the b	ox to indicate ar	n attachment	
Director Name Gordon G CAR JON Director Name On ARLTON							
				1996 1		V a	
843 MI	Hara	PIRE	84	13 NAKTHO	10	K C	
City N Scituate	State &T	2/12/251	City .	Viturto	State	17257	
Director Name			Director Na	ame	1 1 4 1	WOB- /	
Street Address							
Suber Address			Street Add	ress			
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue	<u></u>	Chack the h	ox to indicate a	n attachment 🗔	
This information is currently of recor	d in the	NUMBER OF SH		CLASS/SERIES		PAR VALUE	
Department of State.		10	$\bigcirc$			100	
Changes require an additional filing.						, <u> </u>	
11. This report must be executed or	n behalf of the cor	noretion by an auti	norized rer	presentative. If the corno	ration is in the l	nands of a re-	
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.							
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.							
Name of Authorized Representative							
I Janne ('AR LTM "MEILEN NO 16 124124							
Signature of Authorized Representative							
1 Carda	no (0	not ten		JUN 2 6 2024	ŧ	•	
MAIL TO: Division of Business Services  148 W. River Street, Providence, Rhode Island 02904-2615							
Phone: (401) 222-3040	121900 05204-5012	•			EOONA CO	h Dovicad: 12/202	

Website: www.sos.ri.gov

FORM 630- Revised: 12/2023