RI SOS Filing Number: 202457875240 Date: 7/12/2024 4:00:00 PM							
State of Rhode Island Department of State - Business Services Division							
Annual Report for the year		,			r t	ි ල් ස්න	
Corporation		<u>~ / </u>			<u>, </u>	955	
Annual Report for the year: Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.							
→ Filing Fee: \$50.00				1. 1. S.			
→ Penalty: Additional \$25.00 fe	4.2						
1. Entity ID Number	2. Exact name of	the Corporation				Di.	
104688 GLOBAL 2000 INC							
3. Principal Office Address		<i>(</i> 1	City		State	Zip	
3. Principal Office Address 125 WAY LINN 4. NAICS Code					R.I.	02920	
s. Short ecochiption of the character of business conducted in knode (sland							
561730							
5. State of Incorporation							
21 LANDSCAPING							
7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name							
BRIAN F. O'HARA			Vice-President Name SANE AS PARSIAKUT				
Street Address P COUNTRY HILL LANG City NONTH KING STOWN State R.T. Zip 02852			Street Address				
City Nan TH King Choun	State R T	Zip / 1 X []	City		State	Zip	
Secretary Name			Treasurer Name				
Stront Address							
L				Street Address			
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name SAMK AS PARSIDENT			Director Name				
Street Address			Street Address				
City	Slate	Zip	City		State	Zip	
Director Name	1	1	Director Name		L		
Street Address				Ctr. A Add.			
	Street Address						
City	Slate	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue	d	Chock th	n hay to indicat		
This information is currently of record in the		NUMBER OF SHARES		Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
Department of State.		0		< Th		0	
Changes require an additional filing.		0					
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							
Madago: Wild report midst be executed on bendit of the Combination by the receiver of tructor							
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							
Krein KOHan					7/1	2/2024	
Signature of Authorized Representa			- INC	FILE TOM		12001	
Brian F. OHara							
MAIL TO: JUL 12 7174							

Division of Business Services
148 W. River Street, Providence. Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ni.gov

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