



State of Rhode Island
Department of State - Business Services Division

FILED

JUL 27 2024

BY 1926

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 53745		2. Exact name of the Corporation Tavdi Company, Inc.			
3. Principal Office Address 140 Beacon Park Drive		City Riverside	State RI	Zip 02915	
4. NAICS Code 423830		6. Brief description of the character of business conducted in Rhode Island Sell, lease or deal in goods of all types			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ismail Saltuk			Vice-President Name E. Leyla Saltuk		
Street Address P.O. Box 298			Street Address P.O. Box 298		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Ismail Saltuk			Treasurer Name Ismail Saltuk		
Street Address P.O. Box 298			Street Address P.O. Box 298		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ismail Saltuk			Director Name E. Leyla Saltuk		
Street Address P.O. Box 298			Street Address P.O. Box 298		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$1.00 Par Value
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 Ismail Saltuk				Date 7/18/24	
Signature of Authorized Representative 					

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