RI SOS Filing Nui	mber: 20245	58308990 I	Date: 7/2	24/2024 1:30:00	РМ	REC" '24 JU		
State of Rhode Island  Department of State - Business Services Division						) RID(15) 24 R/1		
Annual Report for the year: 2023  Corporation  → Filing period: February 1 - May 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by May 31.						850 29;18		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00	fee if form is no	t filed hy May 31						
1. Entity ID Number	2. Exact name	of the Corporation						
001718032 3. Principal Office Address	ROADIN	ROADNORTH INC					Zip	
159 CARLTON AVENUE APT 3B			BROO	KLYN	State NY		11205	
4. NAICS Code	6. Brief descri	<ol><li>Brief description of the character of business conducted in Rhod</li></ol>						
711510	ENTERTA	ENTERTAINMENT PRODUCTION						
5. State of Incorporation NU								
7. List ALL officers (names and a	ddresses)			Check the b	oox to indi	cate an atta	schment 🗆	
President Name DOUGLAS PURVER				Vice-President Name				
Street Address 159 CARLTON AVENUE APT 3B			Street Address					
City BROOKLYN	State NY	<sup>Zip</sup> 11205	City		State	State Zip		
Secretary Name			Treasurer Name					
Street Address	<u></u>	<del></del>	Street Add	ress				
City	State	Zip	Спу		State	State Zip		
8. List ALL directors (names and	addresses)				box to indi	cate an att	achment 🗀	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State Zip		Zip	
Director Name	e			Director Name				
Street Address			Street Address					
City	State	Zip	City		State		Zip	
3; 5/16/12/1		10. Shares Issu	SSUED Check the OF SHARES CLASSISER			icate an at	PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.		200	<u> </u>	COMMON		5		
		-						
11. This report must be executed	on behalf of the	corporation by an a	uthorized rej	presentative. If the corp	oration is	in the hand	is of a re-	
ceiver or trustee, this report must Under penalty of perjury, I deci	lare and affirm th	hat I have examine	d this repo	rt, including any acco	mpanying	schedule	s and	
statements, and that all statements contained herein are true and correct					Date			
LINDA TILZER EA					06/19/2024			
Signature of Authorized Represe	ntative							
> HISE V	_77			בון בי				
MAIL TO: Division of Business Services	do Island 02004-26	15		FILED				

148 V. River Street, Prov Phone: (401) 222-3040 Website: www.sos.n.gov

JUL 2 4 2024 FORM 630- Revised: 12/2023

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