RI SOS Filing Number: 202458439540 Date: 7/30/2024 2:33:00 PM

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State of Rhode Island  Department of State - Rusiness Services Division						FÖ.		
Department of State - Business Services Division						5188.7		
Annual Report for the year: Corporation	2020					S PH2:		
→ Filing period: February 1	- May 1					ದುರು		
→ Filing Fee: \$50.00						SD 11:26		
→ Penalty: Additional \$25.00						<u> </u>		
1. Entity ID Number	2. Exact name of the Corporation  TruexCullins, Inc.							
001675646	TruexCui	iins, inc.			<b>.</b>			
3. Principal Office Address	City	- <b>1</b>	State	Zip				
209 Battery Street			Burling		∨T	05401		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
541310	Architectural and Interior Design Services							
5. State of Incorporation								
Vermont								
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment   Vice-President Name				
David Epstein	Mattnew Busney							
Street Address 209 Battery St			Street Address 209 Battery St					
City Burlington	State VT	<sup>Zip</sup> 05401	City	ington	State	/T Zip 05401		
Secretary Name Keith Nelson	Treasurer Name Keith Nelson							
Street Address 209 Battery St	Street Address 209 Battery St							
City Burlington	State VT	<sup>Zip</sup> 05401	City Bur	lington	State V	T Zip 05401		
8 List ALL directors (names and a	Check the box to indicate an attachment							
Director Name David Epstein	Director Name Matthew Bushey							
Street Address 209 Battery St			Street Address 209 Battery St					
City Burlington	State VT	<sup>Zip</sup> 05401	City Burlington		Ctata	/T Zip 05401		
Director Name Keith Nelson				Director Name Marc DeSmet				
Stroot Address			Ctroat Addrson					
City Pudington State VT Zip 05401			City Burlington  State VT  State VT  Zip 05401					
Burnington	State VT	<sup>Zip</sup> 05401				05401		
9. Shares Authorized 10. Shares Iss This information is currently of record in the								
Department of State.		160.3		Α		1.00		
Changes require an additional filing.		24.1	В			1.00		
11. This report must be executed	progration by an a	thorized representative. If the corp		corporation is in				
ceiver or trustee, this report must Under penalty of perjury, I declar	be executed on be	ehalf of the corpor	ation by the	receiver or trustee.	ccompanying	schedules and		
statements, and that all stateme	ents contained he	erein are true and	d correct.					
Name of Authorized Representative					Date			
Matthew Bushey					7/30/	2024		
Signature a Authorized Represen	Xally			FILED				
MAIL TO:	/			JUL <b>3 0</b> 2024	0.12			
Division of Business Services		_	`	<del>-</del>	2133	,		

148 W. River Street, Providence, Rhode Island 02904-2615

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