State of Rhode Island Department of State - Business Services Division 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. 1. Entity ID Number 2. Exact name of the Corporation 18wance: 3. Pripcipal Office Address 02814 Brief description of the character of business conducted in Rhode Island N SOR ANCE State of Incorporation UTWAR PIKE. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name Street Address Street Address City State Zip ruoral Secretary Name Treasurer Name Street Address Street Address City State Zip City State Zip 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name Street Address Street Address City State Zip City State Zıp **Director Name** Director Name Street Address Street Address City Zip State City State Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment. This information is currently of record in the NUMBER OF SHARES CLASS/SERIES PAR VALUE Department of State. Changes require an additional filing. 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 nowles Signature of Authorized Representative FILED MAIL TO: **Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 FORM 630- Revised: 12/2023 Website: www.sos.ni.gov

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