RI SOS Filing Number: 202460729150 Date: 10/22/2024 4:00:00 PM

Annual Report for the year: $2025$ Corporation								SOA ACS ACS ACS	
→ Filing period. February 1 - Ma			$H(\mathcal{P}(C))$	0	τ	) <u> </u>			
→ Filing Fee: \$50.00			1100	<del></del>	_	. 75!			
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.									
					<u>u</u>	<u>.</u>			
1 Entity ID Number	2. Exact name of the Corporation								
001708663 OX CAR CARE, INC. "									
3. Principal Office Address				City			State	Zıp	
4 PARK PLAZA, SUITE 500				IRVINE			CA	92614	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
524290									
5. State of Incorporation									
l <sub>CA</sub>	SERVICE								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment									
President Name	N 1	Vice-President Name							
Kathu Mccould									
Street Address				Street Address					
save as above									
City	State	Zıp	)	City	• •	State		Zip	
Secretary Name				Treasurer Name					
Street Address				Street Address					
Crty	State	State Zip		City		State		Zip	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment								ite an attachment	
Director Name		Director Name							
Street Address		Street Address							
City	State Zip		)	City		State		<b>Z</b> ip	
Director Name				Director Name					
Street Address				Street Address					
City	y State Zij		)	City		State		Zip	
9. Shares Authorized	1	Ь_	10. Shares Issued		Che	ck the bo	x to indice	ite an attachment	
This information is currently of	NUMBER OF SE								
Department of State				00 A				PAC TALBE	
Changes require an additiona		**							
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-									
ceiver 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 all statements contained herein are true and correct.									
Name of Auglorited Representance Dokald									
Signature of Authorized Representative									

MAIL TO:

Division of Business Services

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

State of Rhode Island

Department of State - Business Services Division

Phone: (401) 222-3040 Website: www.sos.ri.gov OXCAR01