State of Rhode Island

DS Filing Number: 202460917980 Date: 10/31/2024 4:00:00 PM

Department of S	tate - Busine	ss Se	rvices Division						
Annual Report for the year: 2025				1056					
→ Filing period: February 1 - M	lay 1				105	\Diamond			
→ Filing Fee: \$50.00					\ \	~			
→ Penalty: Additional \$25.00 fe	ee if form is not f	led by	May 31.	•		Ĩ	≟		
Entity ID Number	per 2 Exact name of the Corporation								
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001661977 3. Principal Office Address	THE BE	ADL.	EY BUSINESS		, inc.	Τ.	2p*()		
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991 NARRAGANSES	of the character of hu	WARW	I.C.N. Icted in Rhode Island	L.	RE 1:02888-4	125			
541800	o. Bilei desc	HPRION	or the character of bu	isiliess colloc	icted iii Kilode Island		2 F9		
5 State of Incorporation	┥ :						_		
· ·	DICTOR	T 14	A 1217-10-1217						
RI DIGITAL MARKETING 7 List ALL officers (names and addresses)					Check the box to indicate an attachment				
President Name					Vice-President Name				
DAVID J. BRADLEY					DAVID J. BRADLEY				
Street Address				Street Address					
991 NARRAGANSETT PARKWAY				991 NARRAGANSETT PARKWAY					
City	State	Zi		City	MINITALOMICAL	State	Zip		
WARWICK	RI		02888	WARW	TCK	RI	02888		
Secretary Name		Treasurer Name							
DAVID J. BRADLEY					DAVID J. BRADLEY				
Street Address				Street Address					
991 NARRAGANSETT PARKWAY				991 NARRAGANSETT PARKWAY					
City	State	Zi	p ·	City		State	Zip		
WARWICK	RI 0288		02888	WARW	ICK _	RI	02888		
8. List ALL directors (names a	nd addresses)	-			CI	neck the box to	o indicate an attachment		
Director Name				Director Name					
Street Address				Street Address					
City	State	Zı	p	City		State	Zip	·	
Director Name					Director Name				
Street Address				Street Address					
City	State	Zi	0	City		State	Zip		
9. Shares Authorized			10. Shares Issued	ı	C	heck the box to	o indicate an attachment	1	
This information is currently of record in the			NUMBER OF		CLASS/SE		PAR VALUE		
Department of State.			1000 NPV			0			
Changes require an additional filing.									
11. This report must be execute						n is in the han	ds of a re-		
Ceiver or trustee, this report multiple of perjury,						/ accompas	vina schodulae vad		
statements, and that all s	tatements con								
Name of Authorized Representative						10/21/14			
Signature of Authorized Repres									

MAIL TO:

Division of Business Services

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

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