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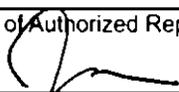


**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2024  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**COPY**

1. Entity ID Number <b>001714376</b>		2. Exact name of the Corporation <b>FINAO ENTERPRISES CO</b>			
3. Principal Office Address <b>1998 MINERAL SPRING AVENUE</b>			City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island <b>TATTOO PARLOR</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOSEPH BECTON</b>			Vice-President Name <b>JOSEPH BECTON</b>		
Street Address <b>1 HERITAGE CIRCLE</b>			Street Address <b>1 HERITAGE CIRCLE</b>		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>JOSEPH BECTON</b>			Treasurer Name <b>JOSEPH BECTON</b>		
Street Address <b>1 HERITAGE CIRCLE</b>			Street Address <b>1 HERITAGE CIRCLE</b>		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOSEPH BECTON</b>			Director Name		
Street Address <b>1 HERITAGE CIRCLE</b>			Street Address		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1000</b>	<b>COMMON</b>	<b>0</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>JOSEPH BECTON</b>				Date <b>07/30/2024</b>	
Signature of Authorized Representative 				Date <b>NOV 15 2024</b> BY <b>JWBgn</b>	

NOV 15 2024  
BY **JWBgn**  
**1101** **ES**

**MAIL TO:**  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov