RI SOS Filing Number: 202562504970 Date: 1/13/2025 4:00:00 PM State of Rhode Island **Department of State - Business Services Division** Annual Report for the year: Corporation → Filing period: February 1 - May 1 → Filina 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 MERCURI'O 53121 nc 3. Principal Office Address Zip 1)2885 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island suchusser Check the box to indicate an attachment List ALL officers (names and addresses) President Name Vice-President Name Street Address Street Address BROND State Zip City 02885 acked Secretary Name Treasurer Name Street Address Street Address City State Zip City State Zip Check the box to indicate an attachment List ALL directors (names and addresses) Director Name Director Name Street Address Street Address City City State Zip State Zıp Director Name Director Name Street Address Street Address Zip City State City State Zıp 9. Shares Authorized Check the box to indicate an attachment 10. Shares Issued This Information is currently of record in the NUMBER OF SHARES CLASS/SERIES PAR VALUE Department of State. -0100 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. Date Name of Authorized Representative 1-13-25 Signature of Authorized Representative

MAIL TO:

Division of Business Services

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