State of Rhode Island					• · -	l i	
Department of State - Business Services Division					JAN 1 4 2025 A		
Annual Report for the year:	2025				3592 N		
Corporation				1	350	12	
Filing period: February 1 - N	/lay 1					,	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	e if form is not fil	led by May 31		· L		•	
	2. Exact name of		·				
000004037		INTERIOR					
Principal Office Address			City	E COMPTON	State	Zip	
40 MAPLE AVE			Lim	& LOMPTON	7	l. 02837	
4. NAICS Code	6. Brief description	on of the character	r of busines:	s conducted in Rhode	Island		
332323	CONTEN	מאא לעמדיו	los Re	FDAIR OF WE	ו עבאס	BOATT	
5. State of Incorporation		<i>C.L.</i>	, , , , , , ,		,,		
KNOOS ISLAND							
7. List ALL officers (names and add	resses)			Check the I	oox to indica	te an attachment L	
President Name FRANCIS H CNASE MI			Vice-President Name				
			Street Address				
Street Address HOPE AUG				NOUS			
LITTLE COMPTON	State Z.I.	Zip 02837	City		State	Zip	
Secretary Name	CHASE		Treasurer N	lame			
Street Address TO MAPLE AVE			Street Address				
City LITTLE COMPTON	State /	Zip 08837	City		State	Zip	
8. List ALL directors (names and ad	dresses)				box to indica	te an attachment [
Director Name FRANCIS H CHATE III			Director Name				
Street Address HAPLE AVE			Street Address NONE				
City LITTLE COMPTON	State Z /	Zip 02837	City	_	State	Zip	
Director Name			Director Name				
Street Address			Street Address NONE				
City	State	Zip	City	\overline{Z}	State	Zip	
9. Shares Authorized		10. Shares Issue	ed .	Check the	box to indica	ate an attachment	
his information is currently of record in the NUMBE		NUMBER OF S			ERIES PAR VALUE		
Department of State. Changes require an additional filing.		100		COMMON		NO PAR	
				_		-	
11. This report must be executed or	behalf of the cor	poration by an au	thorized rep	resentative. If the com	oration is in	the hands of a re-	
ceiver or trustee, this report must be						·	
Under penalty of perjury, I declar statements, and that all statements				i, including any acco	mpanying s	cnequies and	
Name of Authorized Representative					Date		
FRANCIS A. CONASS III					TAN	TAN 11 2025	

PRESIDENT

Signature of Authorized Representative

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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