RI SOS Filing Number: 202562747890 Date: 1/16/2025 4:00:00 PM

6							
State of Rhode Isi							
Department of	\triangle	ess Servic	es Division				
Annual Report for the year Corporation	:	1/2				ļ	
→ Filing period: February	1 - May 1						
→ Filing Fee: \$50.00	•						
→ Penalty: Additional \$25.0							
1. Entity ID Number		e of the Corpor					
506367	l n	025413	INC		100-1	[2:-	
3. Principal Office Address	lls Ava		City V) 20 2	pridence	State . T	21p 02909	
						102707	
4. NAICS Code		•		ss conducted in Rhode Is	land		
(ススラリ)	\Box	:270	L				
5. State of Incorporation	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
()							
7. List ALL officers (names and addresses) President Name Charbal Kosseifi				Check the box to indicate an attachment Vice-President Name			
(herbel							
Street Address 70 Burlingum Rol City T State 1 D Zip			Street Add	Street Address			
city (ranston	State R. I	Zip 0 2 .	City		State	Zip	
		020					
Secretary Name			Treasurer	Treasurer Name			
Street Address			Street Add	Street Address			
City	State	Zip	City	City		Zip	
8. List ALL directors (names an	d addresses)			Check the bo	x to indicate a	n attachment	
Director Name			Director N				
Street Address			Street Add	Street Address			
Olie et Avoi e 33			Street Add	ne34			
City	State	Zip	City		State	Zip	
Director Name	l		Director N	ame	<u> </u>		
				Jones of Marie			
Street Address			Street Add	Street Address			
City	State	Zip	City	<u> </u>	State	Zip	
				<u> </u>	<u> </u>		
Shares Authorized his Information is currently of record in the		10. Share:	s Issued ER OF SHARES	Check the bo	x to indicate a	an attachment PAR VALUE	
Department of State.		·····		1		No per	
		1 1 6) ()	1 (0 40 40 21	\	VIJ DEC	
Changes require an additional fil	ina.	10	00	(ommon	<u> </u>	no per	
Changes require an additional fil	•	1.					
11. This report must be execute	ed on behalf of the	corporation by	an authorized rej	presentative. If the corpor			
	id on behalf of the st be executed on	corporation by	an authorized reporporation by the	presentative. If the corpor receiver or trustee.	ation is in the	hands of a re-	
11. This report must be execute ceiver or trustee, this report mu Under penalty of perjury, I de statements, and that all state.	d on behalf of the st be executed on clare and affirm t ments contained	corporation by behalf of the co hat I have exa herein are tru	an authorized reporporation by the mined this repor	presentative. If the corpor receiver or trustee.	ation is in the	hands of a re-	
11. This report must be execute ceiver or trustee, this report mu Under penalty of perjury, I de statements, and that all state.	ed on behalf of the st be executed on clare and affirm to ments contained	corporation by behalf of the co hat I have exa herein are tru	an authorized reporporation by the mined this repor	presentative. If the corpor receiver or trustee.	ation is in the	hands of a re-	
11. This report must be execute ceiver or trustee, this report mu Under penalty of perjury, I de statements, and that all state.	id on behalf of the st be executed on clare and affirm to ments contained afive.	corporation by behalf of the co hat I have exa herein are tru	an authorized reporporation by the mined this repor	presentative. If the corpor receiver or trustee.	ation is in the	hands of a re-	
11. This report must be execute ceiver or trustee, this report mu Under penalty of perjury, I de statements, and that all state. Name of Authorized Represent	id on behalf of the st be executed on clare and affirm to ments contained afive.	corporation by behalf of the co hat I have exa herein are tru	an authorized reporporation by the mined this repor	presentative. If the corpor receiver or trustee. rt, including any accomp	ation is in the	hands of a re-	
11. This report must be execute ceiver or trustee, this report mu Under penalty of perjury, I de statements, and that all state. Name of Authorized Represents (id on behalf of the st be executed on clare and affirm to ments contained afive.	corporation by behalf of the co hat I have exa herein are tru	an authorized reporporation by the mined this repor	presentative. If the corpor receiver or trustee. rt, including any accomp	ation is in the	hands of a re-	
11. This report must be execute ceiver or trustee, this report mu Under penalty of perjury, I de statements, and that all state. Name of Authorized Represents (ed on behalf of the st be executed on clare and affirm to ments contained afive a > > > 1	corporation by behalf of the contact I have example of the contact in the contact	an authorized reporporation by the mined this repor	presentative. If the corpor receiver or trustee. rt, including any accomp	ation is in the	hands of a re-	
11. This report must be execute ceiver or trustee, this report mu Under penalty of perjury, I de statements, and that all state. Name of Authorized Represent	ed on behalf of the st be executed on clare and affirm to ments contained afive a > > > 1	corporation by behalf of the contact I have example of the contact in the contact	an authorized reporporation by the mined this repor	presentative. If the corpor receiver or trustee. rt, including any accomp	Date	hands of a re-	

.....