RI SOS Filing Number: 202563251990 Date: 1/22/2025 4:00:00 PM State of Rhode Island
Department of State - Business Services Division

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Annual	Report for the ye	ear:	2025	

Corporation

Filing period: February 1 - May 1
Filing Fee: \$50.00

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Penalty: Additional \$25.00	0 fee if form is	not filed by May 31.			<u> </u>			
1. Entity ID Number 001658227	2. Exact na Johnson E	ame of the Corporation	on .	-				
Principal Office Address Highland Trail			City Hope Valley		State RI	Zip 02832		
4. NAICS Code 238210		scription of the characting company		onducted in Rhode Is	land	_		
5. State of Incorporation RI								
7. List ALL officers (names and	addresses)			Check t	he box to ir	dicate an attachment		
President Name Jeffrey B. Johnson			Vice-President	t Name	•			
Street Address 17 Highland Trail			Street Address	Street Address				
City Hope Valley	State RI	Zip 02832	City		State	Zip		
Secretary Name Jeffrey B. Johnson				Treasurer Name Jeffrey B. Johnson				
Street Address 17 Highland Trail				Street Address 17 Highland Trail				
City Hope Valley	State RI	Zip 02832	City Hope Valley		State RI	Zip 02832		
8. List ALL directors (names and	l addresses)			Check t	he box to in	dicate an attachment		
Director Name			Director Name					
Street Address			Street Address	Street Address				
City	State	Zip	City	<u></u>	State	Zip		
Director Name			Director Name	Director Name				
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
9. Shares Authorized 10. Shares		10. Shares Iss	sued Check the box to indicate an attachment					
This information is currently of record in the		NUMBER O				PAR VALUE		
Department of State.		100)	Common Sha	res	0.01 Par Value		
Changes require an additional filin						<u> </u>		
 This report must be executed trustee, this report must be executed 	d on behalf of thuted on behalf of	ne corporation by an a of the corporation by	authorized repres the receiver or tru	entative. If the corpora	ation is in th	ne hands of a receiver or		
Under penalty of perjury, I dec statements, and that all statem	lare and affirm ents containe	n that I have examin <u>d herein are true an</u>	ed this report, in d correct.	ncluding any accomp	oanying sc	hedules and		
Name of Authorized Represental	tive Jeffr	ey B do	huson	_	Date	8/25		
Signature of Authorized Represe	ntative	Ja Mars 1	3 Set	tun	ILEU	.		
MAIL TO: Division of Business Services		KIIII C	//	SAN	2 2 202			
48 W River Street, Providence, Rhor Phone: (401) 222-3040	de Island 02904	618	V	BY_)XV27	<u>-</u> a		
Vebsite: www.sos.ri.gov					EC	DM bad - Davissas 04/2022		