RI SOS Filing Number: 202563463050 Date: 1/29/2025 4:00:00 PM

matthe.					——		
State of Rhode Isl	and						
Department of State - Business Services Division					FILED		
Annual Report for the year: 2025					FILED		
→ Filing period: February 1 - May 1					JAN 2 9 2025		
1 Filing Fee: \$50 nn						1/1705	
Penalty: Additional \$25.0	0 fee if form is	not filed by May 31			BY	VV134	
	2. Exact na	me of the Corporation	ou /	1			
3. Principal Office Address	IMM	Trotes	ssional	Lawn (a	re, I	<b>ار</b> د	
11- ()	. 0	\	City	`	State	Zip	
4. NAICS Code	ew K	oad		christon	IKI	102919	
	1 1	1		ess conducted in Rhode	sland		
<ol><li>State of incorporation</li></ol>	<b>⊣</b> ∟а,	nds capin	Ś				
RI		1	$\mathcal{L}$				
7. List ALL officers (names and a	(ddresses)						
President Name			Vice-Pre	Check the sident Name	box to indicate a	an attachment 🗀	
Street Address MYThan	X /ac	MED	_	Mathany	GINS	0	
City	er lie	w Road	Street Ac	1) Deer	' <u>O</u>	1	
Schnston	State	Zip	City	' 1	IRW K	<u></u> Zip	
Secretary Name	1 1/2	102919	Treasure	why ston	T KCT	02919	
Street Address	20 X	NSO		Anthony (	Carnso		
L 10 100 m	Liew	Road	Street Ad	dress	0		
city Tohnston	State	Zip	City		State	Zip	
8 List ALL directors (names and a	addresses)	02919	107	hrston	1 RZ	02910	
Director (vame	$\cap$		Director N	Check the t	ox to indicate a	n attachment 🗀	
Street Address	- raci	450	Street			_	
City_ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	View !	Koad	Street Add	ress			
Lohnston	State	Zip (1)	City		State	Zip	
Director Name	1 1 602	07019	Director N	ame			
Street Address				Stand Add			
City			Street Add	ress		<del>-</del>	
	State	Zip	City		State	Zip	
9. Shares Authorized	<del></del>	10. Shares Issu	ed	Chool that			
This information is currently of reco Department of State.	rd in the	NUMBER OF		CLASS/SERIES	ox to indicate a	n attachment 🔲	
Changes require an additional filing.		100		Commo	2 1/1	. 0	
1 This report must be executed o eiver or trustee, this report must b	n behalf of the o	corporation by an au	thorized rec	resentative. If the corpo	ration is in the t		
muer penalty of perium, I decial	o and affirm th	n4.1 h n		eceiver or trustee.	ration is in the n	ands of a re-	
Inder penalty of perjury, I declar tatements, and that all statement lame of Authorized Representative	nts contained i	erein are true and	i inis repor correct.	t, including any accom	panying sched	lules and	
3 1					Date	<del></del>	
ignature of Authorized Representative					1/27/	125-	
A Priesenta					1, 1, 1		
AIL TO:							
vision of Business Services	/						

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Websites

Website: www.sos.ri.gov