RI SOS Filing Number: 202564236040 Date: 1/31/2025 4:00:00 PM

State of Rhode Island Department of State - Business Services Di						FIELD &	· · · w/)	
Annual Report for the year: Corporation → Filing period: February 1 - → Filing Fee. \$50.00 → Penalty: Additional \$25.00	2025 May 1		Division		JAN BY	3 1 202! 12-26	50 O	
1. Entity ID Number	· ····································							
000087413 3. Principal Office Address	ACCOUN	I-EZE, INC						
1275 WAMPANOAG TRAIL, SUITE 3			City RIVE	VERSIDE		State RI	Zip 02915	
4. NAICS Code	6. Brief description	on of the characte	of busine	ss conducted in F	Rhode Isla	nd	•	
541219 5. State of Incorporation RI	TO MAINTAIN, EXAMINE, INSPECT AND AUDIT THE BOOKS AND ACCOUNTS							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name PATRICIA ANN HEATH			Vice-President Name VICTOR DOSOITO					
Stree: Acdress 1274 WAMPAN		STE 3	Street Address SAME					
City RIVERSIDE	State RI	^{Zip} 02915	City			State	Zip	
Secretary Name VICTOR DOSOITO				Treasurer Name PATRICIA ANN HEATH				
Street Address SAME			Street Address SAME					
City	State	Zıp	City			State	Zip	
8. List ALL directors (names and ac	ddresses)	<u> </u>			k the box	to indicate	an attachment	
Director Name			Director N	are				
Street Address			Street Address					
City	State	Zip	City			State	Ζıp	
Director Name			Director Name					
Street Address			Street Address					
C.ly	State	Ζιρ	City]	State	Zip.	
9 Shares Authorized	· · · · · · · · · · · · · · · · · · ·	10 Shares Issue				to indicate	an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES CWP		1,000		
							1,,550	
11. This report must be executed or ceiver or trustee, this report must be	n behalf of the corp e executed on beh	poration by an aural of the corpora	thorized reg	resentative. If the receiver or truste	e corporat	ion is in the	e hands of a re-	
Under penalty of perjury, I declar statements, and that all statemen	re and affirm that nts contained her	I have examined	f this repor	t, including any	accompa	nying sch	redules and	
Name of Authorized Representative PATRICIA ANN HEATH, PRESIDENT					Date 1/6/2025			
Signature of Authorized Representa	alive		_			1. 6		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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