



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
FEB 12 2025 1258
BY EG

1. Entity ID Number 000080766		2. Exact name of the Corporation AFTERGLOW CORPORATION	
3. Principal Office Address 56 Exchange Street		City Providence	State RI
		Zip 02903	
4. NAICS Code 541611	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE MANAGEMENT OF INVESTMENTS OF ANY AND ALL KINDS		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name HENRY BROMBERG		Vice-President Name ARLENE J. BROMBERG	
Street Address 190 ROYAL PALM DRIVE		Street Address 190 ROYAL PALM DRIVE	
City FT LAUDERDALE	State FL	City FT LAUDERDALE	State FL
Zip 33301		Zip 33301	
Secretary Name HENRY BROMBERG		Treasurer Name ARLENE J. BROMBERG	
Street Address 190 ROYAL PALM DRIVE		Street Address 190 ROYAL PALM DRIVE	
City FT LAUDERDALE	State FL	City FT LAUDERDALE	State FL
Zip 33301		Zip 33301	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		1000	Common
			No Par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative Henry Bromberg			Date 1/24/25
Signature of Authorized Representative <i>Henry Bromberg</i>			

MAIL TO:
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 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov