State of Rhode Island

Department of State - Business Services Division

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FEB	1 4 2025	
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Annual Report for the year: 2025 Corporation

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

Penalty: Additional \$25.00 fe									
1 Entity ID Number		2. Exact name of the Corporation							
001657181	MDS Enterprises, Inc.								
3. Principal Office Address			City		State		Zıp		
65 Steere Farm Road			Gloces	ster	RI		02814		
4. NAICS Code	6. Brief description	on of the character	of busines	ss conducted in Rhode	e Island		-		
311520	Sale and ma	anufacture of i	ce crear	m [*]					
5. State of Incorporation	1								
Rhode Island	1								
7. List ALL officers (names and add	iresses)			Check the	box to ind	icate an att	achment 🔲		
President Name Mark Sacco	sident Name Mark Sacco			Vice-President Name SAME					
Street Address 65 Steere Farm Road			Street Address						
Glocester	State	^{Zip} 02814	City		State		Zip		
Secretary Name SAME			Treasurer Name SAME						
Street Address			Street Address						
City	State	Zip	City		State		Zip		
8. List ALL directors (names and ad	dresses)	<u> </u>	<u> </u>	Check the	box to ind	icate an att	achment 🗀		
Director Name			Director Name						
Street Address		Street Address							
City	State	Ζ¢ρ	City		State		Zip		
Director Name				Director Name					
Street Address			Street Address						
Crty	State	Zip	City	 .	State	•	Zip		
9. Shares Authorized		10. Shares Issued		Check the	box to ind	icate an att	L. achment		
This information is currently of record Department of State.	J in the	-	NUMBER OF SHARES		IES				
Changes require an additional filing.		1000		Common		\$0.01			
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 statements, and that all statemen	e and affirm that	I have examined t	this repon		mpanying	schedule	s and		
Name of Authorized Representative		<u></u>	0., 00		Date				
Mark Sacco					/ر ا	11/95	ļ		
Signature of Authorized Represental	tive		_			-/=-			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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