**State of Rhode Island**
**Department of State - Business Services Division**

FILED
FEB 12 2025
BY 2324

**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.

| 1. Entity ID Number | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 000038436 | NORTHUMBRIA CORPORATION, Inc. | | | |
| 3. Principal Office Address | | City | State | Zip |
| 1495 NWPORT AVE. | | PAWTUCKET | R.I. | 02861 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 332510 | OWNERSHIP AND HOLDING VEHICLES | | | |
| 5. State of Incorporation | | | | |
| R.I. | | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: RALPH R. RYAN | | | Vice-President Name: RALPH R. RYAN | | |
| Street Address: 1495 NEWPORT AVE. | | | Street Address: 1495 NEWPORT AVE. | | |
| City: PAWTUCKET | State: R.I. | Zip: 02861 | City: PAWTUCKET | State: R.I. | Zip: 02861 |
| Secretary Name: RALPH R. RYAN | | | Treasurer Name: RALPH R. RYAN | | |
| Street Address: 1495 NEWPORT AVE. | | | Street Address: 1495 NEWPORTT AVE. | | |
| City: PAWTUCKET | State: R.I. | Zip: 02861 | City: PAWTUCKET | State: R.I. | Zip: 02861 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: RALPH R. RYAN | | | Director Name | | |
| Street Address: 1495 NEWPORT AVE. | | | Street Address | | |
| City: PAWTUCKET | State: R.I. | Zip: 02861 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

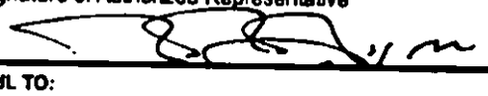
| 9. Shares Authorized | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **This information is currently of record in the Department of State.** | 50 | COMMON | NO PAR |
| **Changes require an additional filing.** | | | |

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 | Date |
|---|---|
| RALPH R. RYAN | 2.5.2025 |

Signature of Authorized Representative



**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FORM 630- Revised: 12/2023