



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 24 2025

BY

|                                                                                                                                                                                                                                                   |                    |                                                                                                                                                              |                                    |                    |                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------|------------------------------------------------------------------|
| 1. Entity ID Number<br><u>001710067</u>                                                                                                                                                                                                           |                    | 2. Exact name of the Corporation<br><u>ANDREW RYAN VIOLINS, INC.</u>                                                                                         |                                    |                    |                                                                  |
| 3. Principal Office Address<br><u>29 Keene St.</u>                                                                                                                                                                                                |                    |                                                                                                                                                              | City<br><u>Providence</u>          | State<br><u>RI</u> | Zip<br><u>02906</u>                                              |
| 4. NAICS Code<br><u>451140</u>                                                                                                                                                                                                                    |                    | 6. Brief description of the character of business conducted in Rhode Island<br><u>Build, Repair, Sales of Violins and all activities associated with it.</u> |                                    |                    |                                                                  |
| 5. State of Incorporation<br><u>Rhode Island</u>                                                                                                                                                                                                  |                    |                                                                                                                                                              |                                    |                    |                                                                  |
| 7. List ALL officers (names and addresses)                                                                                                                                                                                                        |                    |                                                                                                                                                              |                                    |                    | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br><u>Andrew J. Ryan</u>                                                                                                                                                                                                           |                    |                                                                                                                                                              | Vice-President Name<br><u>none</u> |                    |                                                                  |
| Street Address<br><u>29 Keene St.</u>                                                                                                                                                                                                             |                    |                                                                                                                                                              | Street Address                     |                    |                                                                  |
| City<br><u>Providence</u>                                                                                                                                                                                                                         | State<br><u>RI</u> | Zip<br><u>02906</u>                                                                                                                                          | City                               | State              | Zip                                                              |
| Secretary Name                                                                                                                                                                                                                                    |                    |                                                                                                                                                              | Treasurer Name                     |                    |                                                                  |
| Street Address                                                                                                                                                                                                                                    |                    |                                                                                                                                                              | Street Address                     |                    |                                                                  |
| City                                                                                                                                                                                                                                              | State              | Zip                                                                                                                                                          | City                               | State              | Zip                                                              |
| 8. List ALL directors (names and addresses)                                                                                                                                                                                                       |                    |                                                                                                                                                              |                                    |                    | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name<br><u>none</u>                                                                                                                                                                                                                      |                    |                                                                                                                                                              | Director Name<br><u>none</u>       |                    |                                                                  |
| Street Address                                                                                                                                                                                                                                    |                    |                                                                                                                                                              | Street Address                     |                    |                                                                  |
| City                                                                                                                                                                                                                                              | State              | Zip                                                                                                                                                          | City                               | State              | Zip                                                              |
| Director Name<br><u>none</u>                                                                                                                                                                                                                      |                    |                                                                                                                                                              | Director Name<br><u>none</u>       |                    |                                                                  |
| Street Address                                                                                                                                                                                                                                    |                    |                                                                                                                                                              | Street Address                     |                    |                                                                  |
| City                                                                                                                                                                                                                                              | State              | Zip                                                                                                                                                          | City                               | State              | Zip                                                              |
| 9. Shares Authorized                                                                                                                                                                                                                              |                    | 10. Shares Issued                                                                                                                                            |                                    |                    |                                                                  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                  |                    | Check the box to indicate an attachment <input type="checkbox"/>                                                                                             |                                    |                    |                                                                  |
|                                                                                                                                                                                                                                                   |                    | NUMBER OF SHARES                                                                                                                                             | CLASS/SERIES                       | PAR VALUE          |                                                                  |
|                                                                                                                                                                                                                                                   |                    | <u>500</u>                                                                                                                                                   | <u>CNP</u>                         | <u>0.00</u>        |                                                                  |
| 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<br><u>Andrew Ryan</u>                                                                                                                                                                                           |                    |                                                                                                                                                              |                                    |                    | Date<br><u>2/15/25</u>                                           |
| Signature of Authorized Representative<br><u>[Signature]</u>                                                                                                                                                                                      |                    |                                                                                                                                                              |                                    |                    |                                                                  |