RI SOS Filing Number: 202566246100 Date: 2/24/2025 4:00:00 PM

State of Rhode Island					FILED			
AD.	Department of State - Business Services Division					FEB 2.4 2025		
Annual Report for the	year: 2025					X		
Corporation					BY A	40		
→ Filing period: Febi → Filing Fee: \$50.00					(γ		
	o \$25.00 fee if form is not	filed by May 31.			\	<i>9</i>		
Entity ID Number		2. Exact name of the Corporation						
001709002	The Fick	le Mermaid (Corp.					
3. Principal Office Addres		- , , , , , , , , , , , , , , , , , , ,	City		State	Zıp		
218 E. 32ND Street Unit 1			New Y	′ork	NY	10016		
4 NAICS Code	6. Brief descrip	tion of the charact	er of busines	s conducted in R	hode Island	1		
711510	Acting and	Acting and Performance						
5 State of Incorporation	Acting and	Acting and Ferromance						
NY								
7. List ALL officers (name	s and addresses)			Check	k the box to indicate	an attachment 🗆		
President Name Cynthia	Vice-President Name None							
			Street Address					
Street Address 218 E. 32ND Street Unit 1			Street Address					
City New York	State NY	^{Zip} 10016	City		State	Zip		
Secretary Name			Treasurer	Treasure: Name				
Street Address			Street Address					
City	State	Zio	City		State	Zıp		
8. List ALL directors (nam	nes and addresses)			Checl	L k the box to indicate	an attachment		
Director Name None			Director Na	ame				
Street Address		···	Street Add	ress				
City	State	Zip	City		State	Zıp		
City	State	Z ip	City		Siale	Γ ^Σ ιμ		
Director Name			Director Name					
Street Address			Street Address					
					·			
City	State	Zıp	City		State	Zıp		
9. Shares Authorized	<u> </u>	10. Shares Issu		Chec	ck the box to indicat	e an attachment 🔲		
This information is currently of record in the Department of State. Changes require an additional filing.		O REBUNN	SHARES		SS/SERIES			
		10.00		STK	0.	0.0000		
11. This report must be e	xecuted on pehalf of the c	orporation by an a	utnorized rep	oresentative. If the	e corporation is in th	ne hands of a re-		
	ort must be executed on b y, I declare and affirm th					hadulas and		
statements, and that all	statements contained h			rt, including any	accompanying sc	nedbies and		
Name of Authorized Repi		Date						
Charles Fazio, CP		02/11/2025						
Signature of Authorized F	Representative							
Work	ON DENTO							
MAIL TO:	y							

MAIL TO:

Division of Business Services

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

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