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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

FILED	
FEB 2 6 2025 BY	

→ Penalty. Additional \$25.00 f	fee if form is no	t filed by May 31.				<u></u>			
1. Entity ID Number 123289	2. Exact name of the Corporation Edgar, Inc.								
3. Principal Office Address			City		State	Zip			
14 Sullivan Lane			Bristol		RI	02	2809		
4. NAICS Code 3133 315990	6. Brief description of the character of business conducted in Rhode Island Sale of gift and other collectibles through Ebay and other venues								
5. State of Incorporation NY				·					
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment					
Edgard Berrebbi			Vice-President Name N/A						
Street Address 14 Sullivan Lane			Street Address						
^{City} Bristol	State RI	^{Z_{ip}} 02809	City		State	State Zip			
Secretary Name N/A				Treasurer Name					
Street Address			Street Address						
City	State	Zip	City		State	Zıp			
8. List ALL directors (names and a	ddresses)	•			he box to indi	cate an attachm	nent 🔲		
Director Name Edgard Berrebbi			Director Name N/A						
Street Address 14 Sullivan Lane			Street Address						
^{City} Bristol	State RI	^{Zip} 02809	City		State	Zıp			
Director Name N/A			Director Name						
Street Address			Street Address						
Crty	State	Zıp	City		State	Zip			
9. Shares Authorized 10. Shares Iss									
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SFRIFS PAR VALUE					
		200	<u>. </u>	No par	0				
11. This report must be executed a	on hehalf of the	corporation by an a	uthorized rer	presentative If the r	ornoration is	in the hands of	a re-		
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	Date 2 2 4 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