RI SOS Filing Number: 202566589810 Date: 2/21/2025 4:00:00 PM

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State of Rhode Island					4 . *	FER A 1 - AAE	
Department of State - Business Services Division					i,	FEB 2 1 2025	
Annual Report for the year: 2024 2025				1 AM 10: 11	202 8	YED 21 AM 10: 1:	
→ Firing period February 1 - Ma					ALL MILLS		
→ Filing Fee: \$50.00					- 11	JUNI K	
→ Penalty Additional \$25.00 fee	if form is not filed	by May 31			, ,		
1 Entity ID Number	2 Exact name of the Corporation						
000023790	CDR MAGUIRE INC						
3. Principal Office Address	·					State Zip	
11740 SW 80TH S			MIAM			FL 33183	
4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island						
541330 5. State of Incorporation							
. 0 ~ 1							
ENGINEERS/ARCH/PLANNERS							
7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name							
CARLOS DUART				THE TIESCOM INDING			
Street Address				Street Address			
11740 SW 80TH S'	TH ST STE 102						
City	State	Ζφ	City		State	Zφ	
MIAMI	FL	33183			<u> </u>		
Secretary Name				Treasurer Name			
Street Address				Street Address			
City	State	Zp	Crty		State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachmen							
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	Crty		State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zφ	City		State	Zφ	
9 Shares Authorized 10 Shares Issue			d Check the box to indicate an attachment				
This information is currently of record in the Department of State.		MUMBER O	SHARES	CLASSASE	ŖĔŠ	PAR VALUE	
•		10	00	COMMON		1000	
Changes require an additional filing.				i		j	
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 A. Carlin District						2017 L	
Signature of Authorized Representative CARLOS DUART							

MAIL TO:

Division of Business Services

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

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