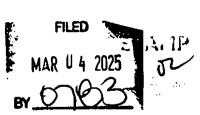


State of Rhode Island

Department of State - Business Services Division Report for the year 2025

Annual Report for the year: Corporation

→ Filing period: February 1 - May 1



1. Entity ID Number 3673	→ Filing Fee: \$50.00 → Penalty: Additional \$25.	00 fee if form is n	ot filed by May 31.					
Cranston RI 2920-	Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
State of Incorporation RI							Zip 02920-0000	
RI 7. List ALL officers (names and addresses) 7. List ALL officers (names and addresses) 7. List ALL officers (names and addresses) 7. Check the box to indicate an attachment once 8. Street Address inches inc								
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Secretary Name Antonio DeMarco, III Street Address 111 Cranberry Terrace City Cranston 8. List ALL directors (names and addresses) Director Name Antonio DeMarco, III Street Address 111 Cranberry Terrace Check the box to indicate an attachme none Street Address 111 Cranberry Terrace City Cranston Street Address 111 Cranberry Terrace City Cranston State Address 111 Cranberry Terrace City One State Address 111 Cranberry Terrace City Cranston State Address 111 Cranberry Terrace City Cranston State Address 111 Cranberry Terrace City One State Address 111 Cranberry City One State	Street Address 111 Cranberry Terr		none					
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Changes require an additional filing.	Department of State.			OF SHARES				
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a	11. This report must be execu	ted on behalf of th	e corporation by an	authorized representation by the re	esentative. If the co	rporation is in the	hands of a re-	
ceiver 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 the second of the corporation of the second of the sec	Under penalty of perjury, I o	leclare and affirm	that I have exami	ned this report,	including any acc	companying sch	edules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date		ma comect.	Date					
Antonio DeMarco, III President 1/04/2025 Signature of Authorized Representative	Antonio DeMarco. III	ident	<u> </u>					
Signature of Authorized Representative Antonio Amario II Product 2/26/2005	1 ° ^		L	readend		2/26/6	2005	

MAIL TO:

Division of Business Services

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

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