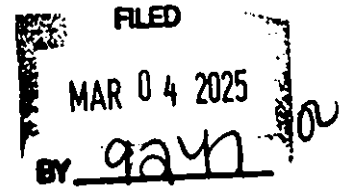




State of Rhode Island  
Department of State - Business Services Division

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.



| 1. Entity ID Number<br>60195                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | 2. Exact name of the Corporation<br>De Osu Inc.                                                                                                                                                                                 |                            |             |                    |                  |              |           |     |               |        |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|--------------------|------------------|--------------|-----------|-----|---------------|--------|--|--|--|
| 3. Principal Office Address<br>830 Ten Rod Road                                                                                                                                                                                                                                                                                                                                                                                                                  |             | City<br>North Kingstown                                                                                                                                                                                                         |                            | State<br>RI | Zip<br>02852       |                  |              |           |     |               |        |  |  |  |
| 4. NAICS Code<br>424340                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | 6. Brief description of the character of business conducted in Rhode Island<br>Children's footwear importer                                                                                                                     |                            |             |                    |                  |              |           |     |               |        |  |  |  |
| 5. State of Incorporation<br>Rhode Island                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                                                                                                                                                 |                            |             |                    |                  |              |           |     |               |        |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |             |                                                                                                                                                                                                                                 |                            |             |                    |                  |              |           |     |               |        |  |  |  |
| President Name<br>Janice K. McAleer                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                                                                                                                                                                 | Vice-President Name<br>N/A |             |                    |                  |              |           |     |               |        |  |  |  |
| Street Address<br>830 Ten Rod Road                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                                                                                                                                                 | Street Address             |             |                    |                  |              |           |     |               |        |  |  |  |
| City<br>North Kingstown                                                                                                                                                                                                                                                                                                                                                                                                                                          | State<br>RI | Zip<br>02852                                                                                                                                                                                                                    | City                       | State       | Zip                |                  |              |           |     |               |        |  |  |  |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                                                                                                                                                 | Treasurer Name             |             |                    |                  |              |           |     |               |        |  |  |  |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                                                                                                                                                 | Street Address             |             |                    |                  |              |           |     |               |        |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State       | Zip                                                                                                                                                                                                                             | City                       | State       | Zip                |                  |              |           |     |               |        |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |             |                                                                                                                                                                                                                                 |                            |             |                    |                  |              |           |     |               |        |  |  |  |
| Director Name<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                                                                                                 | Director Name<br>N/A       |             |                    |                  |              |           |     |               |        |  |  |  |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                                                                                                                                                 | Street Address             |             |                    |                  |              |           |     |               |        |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State       | Zip                                                                                                                                                                                                                             | City                       | State       | Zip                |                  |              |           |     |               |        |  |  |  |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                                                                                                                                                                                                                 | Director Name              |             |                    |                  |              |           |     |               |        |  |  |  |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                                                                                                                                                 | Street Address             |             |                    |                  |              |           |     |               |        |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State       | Zip                                                                                                                                                                                                                             | City                       | State       | Zip                |                  |              |           |     |               |        |  |  |  |
| 9. Shares Authorized                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                           |                            |             |                    |                  |              |           |     |               |        |  |  |  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |             | <table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>100</td><td>No Par Common</td><td>\$0.00</td></tr><tr><td></td><td></td><td></td></tr></tbody></table> |                            |             |                    | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | No Par Common | \$0.00 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | NUMBER OF SHARES                                                                                                                                                                                                                | CLASS/SERIES               | PAR VALUE   |                    |                  |              |           |     |               |        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | 100                                                                                                                                                                                                                             | No Par Common              | \$0.00      |                    |                  |              |           |     |               |        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                                                                                                                                                 |                            |             |                    |                  |              |           |     |               |        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                                                                                                                                                 |                            |             |                    |                  |              |           |     |               |        |  |  |  |
| 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.<br><i>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.</i> |             |                                                                                                                                                                                                                                 |                            |             |                    |                  |              |           |     |               |        |  |  |  |
| Name of Authorized Representative<br>Janice K. McAleer                                                                                                                                                                                                                                                                                                                                                                                                           |             |                                                                                                                                                                                                                                 |                            |             | Date<br>02/27/2025 |                  |              |           |     |               |        |  |  |  |
| Signature of Authorized Representative<br><i>Janice K. McAleer</i>                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                                                                                                                                                 |                            |             |                    |                  |              |           |     |               |        |  |  |  |

MAIL TO:  
Division of Business Services  
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