

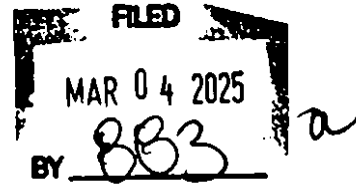


State of Rhode Island
Department of State - Business Services Division

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 000538971 | | 2. Exact name of the Corporation 138 Main Street, Inc. | | | | | | | | | | | | |
|---|-----------------|--|--|--------------------|--|------------------|--------------|------------|-------------|---------------|---------------|--|--|--|
| 3. Principal Office Address 84 Oak Street | | | City Westerly | State RI | Zip 02891 | | | | | | | | | |
| 4. NAICS Code 531110 | | 6. Brief description of the character of business conducted in Rhode Island Purchase Real Estate | | | | | | | | | | | | |
| 5. State of Incorporation RI | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | |
| President Name Robert Ritacco | | | Vice-President Name John Ritacco | | | | | | | | | | | |
| Street Address 84 Oak Street | | | Street Address 84 Oak Street | | | | | | | | | | | |
| City Westerly | State RI | Zip 02891 | City Westerly | State RI | Zip 02891 | | | | | | | | | |
| Secretary Name John Ritacco | | | Treasurer Name Robert Ritacco | | | | | | | | | | | |
| Street Address 84 Oak Street | | | Street Address 84 Oak Street | | | | | | | | | | | |
| City Westerly | State RI | Zip 02891 | City Westerly | State RI | Zip 02891 | | | | | | | | | |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | |
| Director Name Robert Ritacco | | | Director Name John Ritacco | | | | | | | | | | | |
| Street Address 84 Oak Street | | | Street Address 84 Oak Street | | | | | | | | | | | |
| City Westerly | State RI | Zip 02891 | City Westerly | State RI | Zip 02891 | | | | | | | | | |
| Director Name | | | Director Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| 9. Shares Authorized | | | 10. Shares Issued | | | | | | | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | |
| | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VA. UF</th> </tr> <tr> <td>2000</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VA. UF | 2000 | Common | No Par | | | |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VA. UF | | | | | | | | | |
| 2000 | Common | No Par | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 Robert Ritacco | | | | | Date 2/25/25 | | | | | | | | | |
| Signature of Authorized Representative | | | | | | | | | | | | | | |