RI SOS Filing Number: 202566627990 Date: 3/4/2025 4:00:00 PM

State of Dhada Island					_	
State of Rhode Island an Department of Sta	vision			ECD ECD		
Annual Report for the ye	ear: 🧇 🏠 '	7 (				
Corporation	,an. <u>20</u>	<del>-5</del>				1009 980 1941:13:25
→ Filing period: January 1 - I	March 1					<b>₩</b>
→ Filing Fee: \$50,00						(3) (3)
→ Penalty: Additional \$25.00	fee if form is not f	iled by April 1.				<u> </u>
Entity ID Number		of the Corporation	<del></del>			
144611	72	or the corporation	0		_	بلہ
2 Deigning Office Address	1 6 2	royce.	uner	ns Cout	<u> 2010</u>	VIO .
3. Principal Office Address	. (1-	ج	City	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	State	Z:p
600 Jenkin		201	tro	videna	R	02906
4. NAICS Code	<ol><li>Brief descript</li></ol>	ion of the character	of business co	onducted in Rhode Isla	ind	7.0
531110	1000	on da	(0)	z mara	4 🙃	
5. State of Incorporation	<b>-</b>   /	317) WEI	rerop.	2 MMIN	10	·
R.T		real	est	74.	,	
7. List ALL officers (names and ad	(dennes)					
President Name			Vice-President	Check th	e box to in	ndicate an attachment 🔲
Leonard 1.						
Street Address			Street Address			
100 Jenkin			<u> </u>			
city Providence	State 1	Zip 2906	City		State	Zip
Secretary Name		1 () 2 00	Treasurer Nam		<u> </u>	
<u></u>			The date of them	ic .		
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address	·		·
	<del>,</del>					
City	State	Zip	City		State	Zip
8. List ALL directors (names and a	addresses)				ــــــــــــــــــــــــــــــــــــــ	
Director Name Leonard Jilang Street Address			Check the box to indicate an attachment  Director Name			
			Street Address			
City		201				
Providend	State	OZY)(	City		State	Žip
Director Name		<u> </u>	Director Name	<del>-</del>	<u> </u>	<del></del>
Street Address			Street Address			
Cit.						
City	State	Zıp	Crty.		State	Zip
9. Shares Authorized		10. Shares Issue	id	Charlett	l beute i	
This information is currently of rec	ord in the	NUMBER OF SI		CLASS/SERIES	ie dox to i	indicate an attachment  PAR VALUE
Department of State.		1000		120000		_
Changes require an additional filing	g.	1,000		Lommo	<u>1)                                    </u>	NO, the
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11. This report must be executed	on behalf of the co	orporation by an au	thorized repres	sentative. If the corpor	ation is in	the hands of a receiver or
trustee, this report must be execu	ited on behalf of th	ie corporation by the	e receiver or ti	rustee		
Under penalty of perjury, I decl statements, and that all statem	are and affirm the	at I have examined	this report, i	ncluding any accom	panying s	chedules and
Name of Authorized Representati	ve	erein are true and	correct,		TDate	<del></del>
Leonard	1 , ) =5150					1375
Signature of Authorized Represer	J COM	1)		1 1	<u> </u>	4.25
Signature of Authorized Represer	MAR 0 4	2025/6000		1 clary -		
	MAR U 4		V-74:		•	
MAIL TO:	NIM	HA		1.770		· · · · · · · · · · · · · · · · · · ·
Division of Business Services	BY J V V	KI	ļ	1 6		
148 W. River Street, Providence, Rho- Phone: (401) 222-3040	de Island 02904-261	5 ()	'	$\sim$		
Website: www.sos.ri.gov						FORM 630 - Revised: 10/201