<b>-</b>						<b>∧</b> 5
State of Rhode Island and Providence Plantations  Department of State - Business Services Division						ECC.
Annual Report for the year: 2025  Corporation						# 0 % 10 %
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00						005 3SD %4:13:35
1. Entity ID Number	2. Exact name of t	the Corporation				1
144611	12 D	ryle	Uner	we Corp	Dra	tro~
3. Principal Office Address  Pen Kine	s Stra	शे	Pro	videna	State P	02006
	6. Brief description	n of the character	of business co	onducted in Rhode Isla	ind	
531110	to own, develop & marage					
5. State of Incorporation	real estato					
7. List ALL officers (names and addr President Name	Check the box to indicate an attachment Vice-President Name					
Leonard Ji Long						
Street Address Jenkins St			Street Address			
City Providence	State TZ-1	02906	City		State	Zıp
Secretary Name				ie	<u> </u>	
Street Address			Street Address			
City	100-0-	<u></u>				
City	State	Zip	City		State	Zıp
8. List ALL directors (names and addresses)				Check th	ne box to in	dicate an attachment
Director Name Director Name Director Name						
Street Address Jenkins	Street Address					
City	State	Zip	City	<del></del>	State	Žip
Director Name		9000	Director Name	·	<u> 1</u>	
			Director 145.75			
Street Address			Street Address			
City	State	Zip	City.		State	Zip
9. Shares Authorized	<u></u>	10. Shares Issue	<u>l</u>	Check ti	ne box to in	ndicate an attachment 🔲
This information is currently of record in the Department of State.		NUMBER OF SH		CLASS/SERIES	CLASS/SERIES PAR VALUE	
Changes require an additional filing.		1000		Lommon N		16, tar
						··
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  Date						
Leonard J. Long				1 1		4.25
Signature of Authorized Representa	ative	0000		+ +	<u> </u>	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov