RI SOS Filing Number: 202566678190 Date: 3/5/2025 4:00:00 PM



## State of Rhode Island

## Department of State - Business Services Division

## Annual Report for the year: 2025 Corporation

→ Filing period: February 1 - May 1

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Penalty: Additional \$2	5.00 fee if form is	not filed by May 3	1.		ගූ −		
1. Entity ID Number 001669824	2. Exact na	me of the Corporating, Inc.	ion				
Principal Office Address Highview Avenue			City Barrington	State RI	Zip <b>02806</b>		
4. NAICS Code 813910		Brief description of the character of business conducted in Rhode Island     Manufacturer's representatives services.					
5. State of Incorporation RI							
7. List ALL officers (names a	nd addresses)			Check the box to it	ndicate an attachment 🗌		
President Name Charles F. Pointer			Vice-President Name Charles F. Pointer				
Street Address 6 Highview Avenue			Street Address 6 Highview Avenue				
City Barrington	State RI	Zip <b>02806</b>	City Barrington	State RI	Zip <b>02806</b>		
Secretary Name Charles F. Pointer			Treasurer Name Charles F. Pointer	Treasurer Name			
Street Address 6 Highview Avenue			Street Address 6 Highview Avenue				
City Barrington	State RI	Zip <b>02806</b>	City Barrington	State RI	Zip <b>02806</b>		
8. List ALL directors (names	and addresses)	10000					
Director Name			Director Name	Check the box to indicate an attachment  Director Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Director Name	•	·	Director Name	<u> </u>	<u> </u>		
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
9. Shares Authorized		10. Shares I	ssued	Check the box to indicate an attachment			
This information is currently of record in the			OF SHARES	CLASS/SERIES	PAR VALUE		
Department of State.  Changes require an additional filing.		200	Common Shares		0.01 par value		
11. This report must be executrustee, this report must be e	uted on behalf of th	ne corporation by ar	n authorized representative.	If the corporation is in t	he hands of a receiver or		
Under penalty of perjury, I statements, and that all sta	declare and affirm	that I have exam	ined this report, including	any accompanying so	chedules and		
Name of Authorized Represe Charles F. Pointer				Date Date	177/25		
Signature of Authorized Repr	resentative				· ·		
MAIL TO:		•		MAR 0 5 2024	<u> </u>		
Division of Business Services 48 W. River Street, Providence, I Phone: (401) 222-3040	Rhode Island 02904-			BY 1 W 88			
Vebsite: www.sos.ri.gov				e8 F	ORM 630 - Revised: 04/2023		