RI SOS Filin	g Number: 202	566508640	Date: 3/7/202	5 10:05:00 AM	RECT 25 MAR	
State of Rhode Is Department of the year	f State - Busine	ss Services เ	Division		RIDOS 85D 7 AM 10:03:	
Corporation	<u>"" _ </u>	<u> </u>	•		3:2: 3:2:	
→ Filing period: Februar → Filing Fee: \$50.00 → Penalty: Additional \$25		filed by May 31.				
I. Entity ID Number	2. Exact name of	of the Corporatio	n			
601694 798	N.E.2				17:4	
3. Principal Office Address			City	State	Zip	
	1076 Dark	. Afre	Cranston	and in Phode Island	Z Prylo	
4. NAICS Code	•	^	cter of business conduct	ed in Knode Island		
812 112	keon	ty Serv	ice :		,	
5. State of Incorporation	- 1					
	nd addresses)	· · · · · · · · · · · · · · · · · · ·		Check the box to indi	cate an attachment	
. List ALL officers (names and addresses) resident Name			Vice-President Name			
MEI44 JIV			Stree: Address			
1076 Pur	k he			1-	15:	
City (Land Car	State & 7	Zip Urel(2	City	State	Zip	
Secretary Name		100011	Treasurer Name			
			Street Address			
Street Address			Street Address			
City	State	ZIp	City	State	Zip	
8. List ALL directors (names	and addresses)			Check the box to ind	icate an attachment 🔲	
Director Name			Director Name			
Street Address			Street Address			
	<u></u>			Io	1714	
City	State	Zip	Cily	State	Zip	
Director Name			Director Name			
0			Street Address			
Street Address			Greenward			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Is	su e d	Check the box to inc	dicate an attachment 🔲	
This information is currently of	of record in the		OF SHARES	CLASS/SERIES	PAR VALUE	
Department of State.		(600	
Changes require an additiona	l filing.					
11. This report must be exec	cuted on behalf of the c	corporation by an	authorized representati	ve. If the corporation is	in the hands of a re-	
ceiver or trustee, this report. Under penalty of perjury, I	must be executed on h	ehalf of the com	oration by the receiver of	or trustee.		
statements, and that all st	atements contained i	nerein are true a	and correct.			
Name of Authorized Representative			:	LED Date	31 112-	
MEH	144 Jan				11 11 41	
Signature of Authorized Rep	resentative		MAR (7 2025		
/W	m h		· · · · · · · · · · · · · · · · · · ·	7,/\\\\		
MAIL TO: Division of Business Services	,		BYV45	TYP-		
	Dhada leland 02004-26	45		•		

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

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