, RI SOS Fili	ng Number: 202	2567287300	Date: 3/14/2025 4:00:	00 PM		
State of Rhode Department Annual Report for the y Corporation → Filing period: Februa → Filing Fee: \$50.00 → Penalty: Additional \$:	of State - Busin ear: 2025 ery 1 - May 1		Division	 ECD RIDOS BSD MAR 14 AM 10:39:55		
1. Entity ID Number		e of the Corporation		-		
53013						
Principal Office Address Silver Spring Street			Providence	State RI	Zip 02904	
NAICS Code 6. Brief description of the character			ter of business conducted in Rh	node Island	<u> </u>	
339999 5. State of Incorporation Rhode Island	,	Manufacture, sell at wholesale and retail, and distribute all types of trophies, plaques, boutiques, etc., and all allied purposes.				
7. List ALL officers (names a	and addresses)			the box to indicate an	attachment	
President Name Peter Eva	angelista		Vice-President Name Jayne Evangelista			
Street Address 275 Silver Spring Street			Street Address 275 Silver Spring Street			
^{City} Providence	State RI	^{Zip} 02904	City Providence	State RI	^{Zip} 02904	
Secretary Name Peter Evangelista			Treasurer Name Peter Evangelista			
Street Address 275 Silver Spring Street			Street Address 275 Silver Spring Street			
City Providence	State RI	^{Zip} 02904	City Providence	State RI	^{Z_{IP}} 02904	
8 List ALL directors (names and addresses)			Check the box to indicate an attachment			
Director Name			Director Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	

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

NUMBER OF SHARES

Director Name

Street Address

Common

City

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.

10. Shares Issued

Zıp

100

Name of Authorized Representative

Changes require an additional filing.

Peter Evangelista

This information is currently of record in the

Signature of Authorized Representative

State

MAIL TO:

Director Name

Street Address

9. Shares Authorized

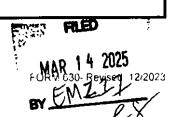
Department of State.

City

Division of Business Services

148 W. River Street, Providence, Rhode Island \$2904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



Zip

State

Date

Check the box to indicate an attachment CLASS/SFRIES PAR VALUE

\$0.00