RI SOS Filing Number: 202567452780 Date: 3/18/2025 4:11:00 PM

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State of Rhode Island					H XX		
Department of State - Business Services Division						7 CO	
Annual Report for the year: 6025						1990 1991	
→ Filing period: February 1 - May 1					9. E. B.		
→ Filing Fee: \$50.00		the of the charge of A			(נט	
→ Penalty: Additional \$25.00 for all 1. Entity ID Number	ee if form is not to	f the Corporation					
76398	JAUS	/ /-	3057	ruction I	State	Zip	
3. Principal Office Address 260 Pund	, , ,	Rua d	City	Sm. Fleger	1 BI	02896	
4. NAICS Code	6. Brief descripti	on of the character	of busine	ss conducted in Rhode I	sland		
236/18	J ,	1 -	1.8	O 1	./ -		
5. State of Incorporation R. I	EXC	control	170	me Build	ding	_	
7. List ALL officers (names and add	resses)		Titlera Dane		ox to indicate a	n attachment 🗖	
President Name Tasun Rustalo				Vice-President Name Jason Austub			
Street Address			Street Address				
ty State Zip			City State Zip				
		<u> </u>	Treasurer Name ()				
Secretary Name				Jan C			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name			Director Name Jasus Audtolo				
Street Address				Street Address			
City	State	Zip	City		State	Zip	
	L. <u> </u>	<u> </u>	Director N	ame O4			
Director Name > Um C) Umc				
Street Address			Street Add	dress			
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u></u>	10. Shares Issue				an attachment 🔲	
This information is currently of record Department of State.	d in the	NUMBER OF SI	ARES	CLASS/SERIE	<u>s</u>	PAR VALUE	
•		2000	 _	ļ		مرارا	
Changes require an additional filling.							
11. This report must be executed or	n behalf of the cor	poration by an aut	horized rep	presentative. If the corpo	oration is in the	hands of a re-	
ceiver or trustee, this report must b Under penalty of perjury, I declar	e and affirm that	I have examined	this repor	rt, including any accon	npanying sch	dules and	
statements, and that all statements contained herein are true and correct. FILED Name of Authorized Representative Date							
Tes Rustilla MAD 18 2025							
Signature of Authorized Representative							
(31×1+)							
MAIL TO:	-		8 Y	e			
Division of Business Services 148 W. River Street Providence, Rhode	Island 02904-2615		411	<i>~ J</i>			
Phone: (401) 222-8040 Website: www.sps.ri.gov					FORM 63	0- Revised 12/2023	