RI SOS Filing	Number: 20	2567728740	Date	: 3/20/2025 4:00:0	0 PM		
_	•				25 z a		
				<u></u>	<u> </u>		
					70.00		
State of Rhode Island					20 P.	i	
Department of State - Business Services Division					200 200		
Annual Report for the year: 205					100S 8SD) FM12:14:52		
Corporation					14. 15.		
Filing period: February 1 - May 1					# C		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	an if form is not fi	lod by May 31			2		
1. Entity ID Number	2. Exact name of						
505955	D76	TNIC					
3. Principal Office Address		1100	City		State	Zip	
777 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	L		Ď.	MICKet	RT	02860	
119 MUINIST	lo Diet deserbit	n of the character	of business	ss conducted in Rhode Isla	ind	1	
4. NAICS Code		_	OI DUSINES	55 WHOUSE III TOOC 1316	,,,,	i	
441130	ALHO	Sales					
5. State of Incorporation	1 /1013	0.0100					
RI				·			
7. List ALL officers (names and add			Vice-Presid		to indicate an	attachment 🗀_	
President Name Roberto Garcia Jr.							
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Add	ress			
60 Hilton		1a:-	City		State	Zip	
City Pawtucket	State RT	02860	City		State	2.5	
Secretary Name	<u> </u>	100~00	Treasurer I	Name			
				Street Address			
Street Address				ress			
City	Støte	Zip	City		State	Zip	
	<u> </u>		<u> </u>	Charle the boy	to indicate an	attachment 🗔	
List ALL directors (names and addresses) Director Name				Check the box to indicate an attachment Director Name			
Street Address				Street Address			
City	State	Zip	City		State	Zip	
						l	
Director Name			Director Name				
Street Address	ress						
One et Address		<u></u>					
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Issue	<u> </u>	Check the box	to indicate ar	n attachment	
This information is currently of recor	d in the	NUMBER OF SH		CLASS/SERIES	-	PAR VALUE	
Department of State.		Ø			\$	10	
Changes require an additional filing.							
		<u> </u>			tion is in the h	ands of a re-	
11. This report must be executed or ceiver or trustee, this report must be	i behalf of the corp e executed on beh	poration by an autr alf of the corporati	iorizea rep on by the r	receiver or trustee.		ands of a re-	
Under penalty of periury, I declar	e and affirm that	I have examined	this repon	t, including any accomp	anying sched	lules and	
statements, and that all statements contained herein are true and correct.							
1 1						0/25	
Moberto Gargia 13/2/d)							
Signature of Authorized/Representative							
TO entre Street							
MAIL TO: Division of Business Services							
148 W. River Street, Providence, Rhode Island 02904-2615 MAR 2 0_2025							
Phone: (401) 222-3040 Website: www.sos.ri.gov FORM 630- Revised 12/2023							
THEMBRE. WWW,3US.II.YUV			1	BY U IU			
