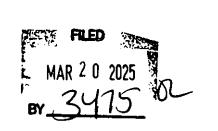
## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025

- → Filing period: February 1 May 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of the Corporation								
001743301 GROUNDHOG ENTERPRISES, INC.									
3. Principal Office Address	* · · · · · · · · · · · · · · · · · · ·		City			State	Zip		
348 HIATT DRIVE	E. SUITE	20.	5	PALM BEACH GARDENS			FL	33418	
4. NAICS Code	6. Brief descript	ion	of the character of bu		ness conducted in Rhode Island				
522220									
5. State of Incorporation									
GA	CREDIT (	CA.	RD PROCESSI	NG	•				
7. List ALL officers (names and					Chi	eck the b	ox to indic	cate an attachment	
President Name	Vice-President Name								
JOHN P KUCYK									
Street Address				Street Address					
3056 SE DUNE DE	ξ								
City	State	Zip	)	City		State		Zip	
STUART	FL	3	34,996	<u> </u>		1	l		
Secretary Name				Treasurer Name					
Street Address				Street Address					
City	State	Zip	)	City S		State		Zip	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment								ate an attachment	
Director Name				Director Name					
Street Address				Street Address					
City	State Zip		)	City		State		Zip	
Director Name				Director Name					
Street Address				Street Address					
City	State	Zip	)	City		State		Zip	
9. Shares Authorized	·		10. Shares Issued	<del>'</del>	Chi	eck the b	ox to indic	ate an attachment	
This information is currently of record in the Department of State.			· ·	NUMBER OF SHARES CLASS/SERIES		UES	PAR VALUE		
			500					1	
Changes require an additional filing.								<del></del>	
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.									
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.									
Name of Authorized Representative							Date 3/14/25		
Signature of Authorized Representative  JOHN P KUCYK									

## MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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