					. <del></del>	<u>, N</u>	
_						COST	
State of Rhode Island					<b>줬</b> 급		
Department of State - Business Services Division					Ŋz		
Annual Report for the year: 2025 Amended						79. 00	
Corporation Corporation					స్టేహా		
→ Filing period: February 1 - May 1					288		
→ Filing Fee: \$50.00						3,0	
→ Penalty: Additional \$2							
1. Entity ID Number	2. Exact name	of the Corpo	ration	<b>~</b>			
001755650	Fidax	174	Ml00711	ng Inc			
3. Principal Office Address	-t-		City	10 -	State	Zip	
150 N Ma	in 57			· · <del>-</del>		1 0289	
4. NAICS Code	6. Brief descrip	otion of the ch	naracter of busines	s conducted in Rhode	sisland		
123 8330							
5. State of Incorporation	<b>—</b> 1/6	ori,	00				
1 Y X	1 16	10011	,, ,				
7. List ALL officers (names a	nd addresses)			Check the	box to indicate	an attachment 🗖	
President Name	io addresses) r	1-/	Vice-Presid				
Edmundo	^a2	2					
Street Address /			Street Addr	ess			
72 ortoLal		Izia	City		State	Zip	
city Providanes	State 12 7	029	n 9   C'''		0.5.0		
Secretary Name				Treasurer Name			
Street Address			Street Addr	Street Address			
City	State	Zip	City		State	Zip	
		<u>.                                    </u>		Charletha	hay to indicate	an attachment	
8. List ALL directors (names	and addresses)		Director Na		DOX to indicate	an attachment	
Director Name							
Street Address			Street Addr	ess			
					Tour	. Izia	
City	State	Zip	City		State	Zip	
Director Name			Director Na	me			
Director Name							
Street Address	Street Addr	Street Address					
					Contra	Zip	
City	State	Zip	City		State	Zip	
O. Charge Authorized		10. Share	s Issued	Check the	box to indicate	an attachment	
9. Shares Authorized This Information is currently of record in the			NUMBER OF SHARES		HES	PAR VALUE	
Department of State.			$\cap$			6.00	
Changes require an additional	filino.	<u> </u>					
	-						
11. This report must be execu	uted on behalf of the c	orporation by	an authorized rep	resentative. If the corp	poration is in the	e hands of a re-	
ceiver or trustee, this report n	nust be executed on b	ehalf of the c	orporation by the remodern	eceiver or trustee.	mnanving sch	edules and	
Under penalty of perjury, I of statements, and that all sta	peciare and amirm the tements contained h	acı nave exa erein are tru	maned ans report e and correct.	, morecally any acce	yu.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Name of Authorized Represe	ntative		•		Date		
Ed.	Dr Dala	$G \frown$		FILED			
LOMUNOO Signature of Authorized Repr	resentative	<del></del>	<del></del>	··			
Olgilature of Bullionzeg Total	·			MAR 27 2025			
A 105/100	17						
MAIL TO:	J		<b>53\4</b>	<b>7</b>			
Division of Business Services 148 W. River Street, Providence,	Rhode Island 02904-261	5	BY	_	<del></del>		
Phone: (401) 222-3040					EUØKA S	i30- Revised: 12/2023	
Website: www.sos.n.gov					FURNIO	OUT NEVIDEU. IZIZUZO	