RI SOS Filing Number: 202568821440 Date: 3/31/2025 4:00:00 PM

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| State of Rhode Island Department of State - Business Services Division  |                             |  |
|---|-----------------------------|--|
| Annual Report for the year: 2025 Partnership (LP, LLP, LLLP)  | FILED STAMP                 |  |
| <ul> <li>→ Filing period: February 1 - May 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by May 31.</li> </ul> | MAR 3 1 2025 17<br>BY 29592 |  |

| 1. Entity ID Number   |  |   |              |       |       |  |  |  |  |  |
|---|--|---|--------------|-------|-------|--|--|--|--|--|
| 1663022   | Natco Karting Investment Group, L.P.                                     |   |              |       |       |  |  |  |  |  |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |   |              |       |       |  |  |  |  |  |
| 531390  |  |   |              |       |       |  |  |  |  |  |
| 5. State of Formation   | Invest, acqu   | uire, manage, own, operate and hold real estate, etc. |              |       |       |  |  |  |  |  |
| Rhode Island  |  |   |              |       |       |  |  |  |  |  |
| 6. Principal Office Address   |  |   | City         | State | Zip   |  |  |  |  |  |
| 155 Brookside Avenue  |  |   | West Warwick | RI    | 02893 |  |  |  |  |  |
| 7. The name and business address of each general partner or one or more partner(s):  LP and LLLP only: an amendment is required to record a change in general partner(s) - use Form 301 (domestic) or Form 351 (foreign). |  |   |              |       |       |  |  |  |  |  |
| PARTNER   | BUSINESS ADDRESS   |   |              |       |       |  |  |  |  |  |
| Central Oriental Home F   | ashions Inc.   | 155 Brookside Avenue, West Warwick, RI 02893          |              |       |       |  |  |  |  |  |
|   |  |   |              |       |       |  |  |  |  |  |
|   |  |   |              |       |       |  |  |  |  |  |
|   |  |   |              |       |       |  |  |  |  |  |
| 8. Under penalty of perjury, I declare and affirm that I have examined this report, and that all statements contained herein are true and correct.  |  |   |              |       |       |  |  |  |  |  |
| Name of General Partner or Authorized Representative Date   |  |   |              |       |       |  |  |  |  |  |
| Michael D'Orsi 3/25/25  |  |   |              |       |       |  |  |  |  |  |
| Signature of General Partner or Authorized Representative   |  |   |              |       |       |  |  |  |  |  |
| Mul D'Q:  |  |   |              |       |       |  |  |  |  |  |

MAIL TO:

**Division of Business Services** 

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

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