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100 CNP 70	This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER O	F SHARES	CLASS/SER-E	Check the box to indicate an attachment		

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.

JOSEPH CALLBEO CPA

.3/30/25

Signature of Authorized Representative

MAIL TO: Division of Business Services

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

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