RI SOS Filing Number: 202569258560 Date: 4/4/2025 4:00:00 PM

State of Rhode I Department o Annual Report for the yellorporation	f State - Busir	ness Services	Division		FILED **** APR 0 4 2025	6MP	
→ Filing period: Februar → Filing Fee: \$50.00 → Penalty: Additional \$25	5.00 fee if form is n			BY .	APR 0 4 2023 : 8:	BUSE	
1. Entity ID Number 001777418		2. Exact name of the Corporation Timberline Partners, Inc.					
3. Principal Office Address 999 S. Washington Street, #109			City North	Attleboro	State MA	Z _{IP} 02760	
4. NAICS Code 4. YU3I Y2 5. State of Incorporation Massachusetts	To own a	Brief description of the character of business conducted in Rhode Island To own and operate a retail sales business of mobile devices and related accessories					
7. List ALL officers (names an	nd addresses)			Check t	he box to indicate an	attachment	
President Name Raymond Leung			Vice-President Name Mihir Shah				
Street Address 2 Williams	Street Address 2 Williams Street						
^{City} Providence	State RI	^{Zip} 02903	City Pro	vidence	State RI	Zip 02903	
Secretary Name Raymond	Treasurer Name N/A						
Street Address 2 Williams Street			Street Address				
^{City} Providence	State RI	^{Z₁p} 02903	City		State	Zip	
8. List ALL directors (names a	Check the box to indicate an attachment						
Director Name N/A	Director Name N/A						
Street Address	Street Address						
City	State	Zip	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issi	10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		800		CNP	\$0.0	\$0.00	
			<u>. </u>	<u> </u>			
11. This report must be execu	ited on behalf of the	corporation by an a	uthorized re	presentative. If the o	corporation is in the h	ands of a re-	

ceiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

statements, and that all statements contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

Signature of Authorized Representative

Name of Authorized Representative

Division of Business Services

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

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

MAIE TO: