

## State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2025 Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty: Additional \$	25.00 fee if form is no	ot filed by May 31.			_\\\ <u>-\\\</u>	<b>-</b>	
1. Entity ID Number 001777418	2. Exact name	2. Exact name of the Corporation Timberline Partners, Inc.					
3. Principal Office Address 999 S. Washington Street, #109			City North	Attleboro	State MA	Z <sub>IP</sub> 02760	
4. NAICS Code  4. 142142  5. State of incorporation  Massachusetts	To own a accessori	6. 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	and addresses)		Ivina Desci	Check	the box to indicate	an attachment 🔲	
President Name Raymond	Vice-President Name Mihir Shah						
Street Address 2 Williams	Street Address 2 Williams Street						
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903	City Providence		State RI	<sup>Zip</sup> 02903	
Secretary Name Raymond Leung			Treasurer Name N/A				
Street Address 2 Williams Street			Street Address				
<sup>City</sup> Providence	State RI	<sup>Z<sub>1</sub>p</sup> 02903	City		State	Zip	
8. List ALL directors (names	s and addresses)	<del>-</del> -		Check	the box to indicate	an attachment 🔲	
Director Name N/A			Director N	ame N/A			
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized			ued Check the box to indicate an attachment				
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
Changes require an additional filing.		800		CNP	\$0.00		
Changes require an addition:	ai niing.						
11. This report must be exe	cuted on behalf of the	corporation by an a	uthorized rep	resentative. If the		e hands of a re-	
ceiver or trustee, this report	t must be executed on	behalf of the corpor	ation by the	receiver or trustee.			
Under penalty of perjury, statements, and that all st	i deciare and amirm ti tatements contained i	nat i nave examine herein are true and	a tnis repoi d correct.	π, including any a	ccompanying scn	edules and	
Name of Authorized Representative				Date 3/28/25			
Signature of Authorized Rep	oresentative		-	-	1212017	-0	
$\left( \frac{1}{2} \right) $							

MAIL O: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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