RI SOS Filing Number: 202570406570 Date: 4/11/2025 4:00:00 PM

State of Rhode Island Department of State - Business Services Division							
			APR 11 2025				
Annual Report for the year: Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25:00 fee if form is not filed by May 31.			(B) BY 1035				
Penany: Additional \$25:00 Entity ID Number		of the Corporation					
000789991		iBuy4Resale, Inc.					
3. Principal Office Address			City		State	Zip 02886	
190 Viceroy Road			Warwick		RI	02000	
4. NAICS Code	6. Brief descri	ption of the charact	er of business o	conducted in Rhode Isl	and		
311911	Resale se	Resale service					
5. State of Incorporation							
Rhode Island		Check the box to indicate an attachment					
7. List ALL officers (names and a	Vice-Presiden	Vice-President Name Amy E. Kosciusko					
President Name David H. Kosciusko							
Street Address 139 Arnoldneck Drive			Street Address 139 Arnoldneck Drive				
^{Chy} Warwick	State RI	^{Zp} 02886	City Warwi		State RI	^{Zip} 02886	
Secretary Name Army E. Kosciusko Treasurer Name David H. Kosciusko							
Street Address 139 Amoldneck Drive			Street Address 139 Arnoldneck Drive				
^{City} Warwick	State RI	^{Zp} 02886	1		State RI	^{Zip} 02886	
8. List ALL directors (names and Director Name			Director Name		ne box to m	dicate an attachment	
David H. Koso	iusko						
Street Address 139 Amoldneck Drive			Street Address				
^{City} Warwick	State RI	^{Zip} 02886	City		State	Zip	
Director Name			Oirector Name				
Street Address			Street Address				
City	State	Zip	Ċlty		State	Zīp	
9. Shares Authorized		10. Shares Issu		Check t		ndicate an attachment	
This information is currently of record in the Department of State.		1,000		CNP		\$0.0000	
Changes require an additional filing.					•		
11. This report must be executed	on behalf of the	corporation by an a	uthorized repre	sentative. If the corpor	ration is in t	he hands of a receiver or	
trustee, this recort must be executed on behalf of the concertion 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.							
Name of Authorized Representative							
David H. Kosclusko 3 / 28 / 2						128/25	
Signature of Authorized Representative							
MAN TO	 	<u> </u>					

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2815 phone: (401) 222-3040 Wabsits: www.sos.rl.gov

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