RI SOS Filing Number: 202570453150 Date: 4/17/2025 12:53:00 PM

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State of Phode Island					A A	P		
State of Rhode Island  Department of State - Rusiness Services Division						26 (Table 1977)		
Department of State - Business Services Division  Annual Report for the year: 2025					STAMP			
Corporation ————————————————————————————————————					žč.			
→ Filing period: February 1 - May 1				2:E				
→ Filing Fee: \$50.00					25.55	1		
→ Penalty: Additional \$25.00					<u> </u>			
001675556	2. Exact name of the Corporation  Mordecai Corporation							
3. Principal Office Address	Worded	- Corporation			ICtoto		Tzia	
11 Little St.			City Rumf	ord	State	:	Zip 02916	
4. NAICS Code	6 Brief descri	ntion of the charact	_i			<del></del>	020.0	
541618	l ·	ription of the character of business conducted in Rhode Island ng and other lawful activities						
5. State of Incorporation	Consulting	Conduting and other lawful delivities						
RI	1							
	ddraesas)			Chack	the hey to ind	icato on att	ochmost [	
7. List ALL officers (names and addresses) President Name Joshua Padwa				Check the box to indicate an attachment  Vice-President Name Jill Padwa				
				4				
Street Address 15 Windmill L				Street Address 25 Margrave Ave				
<sup>City</sup> Rumford	State RI	<sup>Zip</sup> 02916	City Pro	vidence	State	RI	Zip 02906	
Secretary Name Jeffrey Padw	Treasurer Name Joshua Padwa							
Street Address 25 Margrave Ave				Street Address 15 Windmill Ln				
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02906	City Rui	mford	State	RI	<sup>Zip</sup> 02916	
8. List ALL directors (names and a	addresses)		lo:		the box to ind	icate an att	achment 🔲	
Director Name Joshua Padwa			Director Name Jill Padwa					
Street Address 15 Windmill Lr	Street Address 25 Margrave Ave							
<sup>City</sup> Rumford	State RI	<sup>Zip</sup> 02961	City Providence		State	RI	Zip 02906	
Director Name Jeffrey Padwa			Director Name					
Street Address 25 Margrave Ave			Street Address					
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02906	City		State		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to NUMBER OF SHARES CLASS/SERIES				achment   PAR VALUE	
		50	CWP		POCHICO	\$1.00		
		100	100			\$1.00		
11. This report must be executed of						in the hand	s of a re-	
ceiver or trustee, this report must I Under penalty of perjury, I decla						r schedule	s and	
statements, and that all stateme	nts contained h							
Name of Authorized Representative					Date	UO E		
Joshua Padwa		FILED 4/14/25						
Signature of Authorized Represent	ł			4 # 0000			[	
	twa_		<u>APR</u>	17 2025	•			
MAIL TO: Division of Business Services								
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040  FORM 630, Revised, 13/3								
Website: www.sos.n.gov			$\mathcal{A}$	$H \cdot I \sigma \cdot$	) FO	RM 630- Res	vised 12/2023	