RI SOS Filing Number: 202570453240 Date: 4/17/2025 12:52:00 PM

					N	Ŋ	
State of Rhode Island Department of State - Business Services Division					EC'I	REC'D R	
Annual Report for the year: 2024 Corporation					S) RIDOS 8SD 179H12:51:	IDO	
Filing period: February 1 - May 1					15 B	12: 12:	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.					51: 08:0		
Penalty: Additional \$25. 1. Entity ID Number		ot filed by May 31. e of the Corporation			<u> </u>		
001675556		cai Corporati					
3. Principal Office Address			City		State	Zip	
11 Little St.			Rumf	ord	RI	02916	
4. NAICS Code	6. Brief descr	iption of the charac	on of the character of business conducted in Rhode				
541618	Consultin	ig and other la	awful activities				
5. State of Incorporation RI							
7. List ALL officers (names and	addresses)			Check	the box to indicate a	n attachment 🔲	
President Name Joshua Pad	Vice-President Name Jill Padwa						
Street Address 15 Windmill Ln.			Street Address 25 Margrave Ave				
City Rumford	State RI	^{Zip} 02916	Providence		State RI	Zip 02906	
Secretary Name Jeffrey Padwa			Treasurer Name Joshua Padwa				
Street Address 25 Margrave Ave			Street Address 15 Windmill Ln				
^{City} Providence	State RI	^{Zip} 02906	City Ru		State RI	Zip 02916	
8. List ALL directors (names an Director Name			Director N	3000	the box to indicate a	n attachment 🔲	
Joshua Padwa			Jill Padwa				
Street Address 15 Windmill Ln			Street Address 25 Margrave Ave				
City Rumford	State RI	^{Zip} 02961	City Providence		State RI	Zip 02906	
Director Name Jeffrey Padw		·	Director Name				
Street Address 25 Margrave Ave			Street Address				
^{City} Providence	State RI	^{Zip} 02906	City		State	Zip	
9. Shares Authorized			10. Shares Issued CI		the box to indicate a		
This information is currently of re Department of State.	ecord in the	NUMBER OF	SHARES	ĭ	VSERIES #4	PAR VALUE	
Changes require an additional filing. 11. This report must be executed on behalf of the content				CWP	\$1.00		
		100 rporation by an authorized re		PWP presentative. If the	\$1.00 orporation is in the hands of a re-		
ceiver or trustee, this report mus	st be executed on I	ehalf of the corpora	ation by the	receiver or trustee.			
Under penalty of perjury, I dec statements, and that all stater	nents contained l			t, including any a	ccompanying sche	oules and	
Name of Authorized Representative Joshua Padwa					Date 4/14/25		
Signature of Authorized Repress	entative		FI	LED			
petrus	Yadwa		APR	17 2025	.ń. <i>i</i> n		
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rh	, ode Island 02904-26	15	BY \	5444	Hon	•	
Phone: (401) 222-3040 Nebsite: www.sos.ri.gov				12	50 FORM 630)- Revised: 12/2023	