					(J) 70		
State of Rhode Island					APR		
Department of State - Business Services Division					N20	STAMP	
Annual Report for the year:					RIDOS 24 FM2	Otrtien	
Corporation					žŠ	i paj Si CA CA DE OLIGIANI	
→ Filing period: February 1 - May 1					New	-81 GV2	
	· ·				8SD :23:		
→ Penalty: Additional \$25,00 f	ee if form is not f	iled by May 31.			55		
Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 1343 Arnolds Appliance Savice, Fuc. 3. Principal Office Address 1 Main Ave, City Warwick LI Warwick State 2 Zip 2 2886							
1343	Arnolds	Appliance.	Jervice,	AIC.			
3. Principal Office Address	•	•17	City		State	Zip	
I Il Main Ave,			Waru	vicK	IR T	02886	
4. NAICS Code	I6 Brief descripti	on of the characte	of busines	s conducted in Rhode Is	land		
811412	1 A Barre	Para - Gui	Corre	. a	iand		
All Manager Manager and a service and a serv							
5. State of Incorporation	,,,						
RI	i						
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
Desided Mess				Vice-President Name			
President Name John Humphreys			Charact Address				
Street Address Main Ave.			Street Address				
City Warnick	State RI	z1886	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9 List ALL directors (names and as	ddresses)	<u> </u>	1	Chack the ho	x to indica	ate an attachment []	
List ALL directors (names and addresses) Director Name			Check the box to indicate an attachment Director Name				
·							
Street Address				Street Address			
C.A.	Istata	17:4	City		State	Zip	
City	State	Zip	City		State	Zip	
Director Name	<u>. </u>	<u> </u>	Director Na	ime	1		
Street Address				Street Address			
G.S.	Tötata	Tala	City		State	17:n	
City	State	Zip	City		State	Zip ·	
9. Shares Authorized	<u> </u>	10. Shares Issue	id .	Check the b	ox to indic	ate an attachment	
This information is currently of reco	rd in the	NUMBER OF S		CLASS/SERIES		PAR VALUE	
Department of State.		100		Common		D	
Changes require an additional filing.	,			<i></i>			
11. This report must be executed o					ration is in	the hands of a re-	
ceiver or trustee, this report must b Under penaity of perjury, I declar						schodules and	
				i, including any accom	panying :	cneudies and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative A Date / ,							
John Humshreys 4/2025							
Signature of Authorized Representative							
19km toung	reys			Pro-			
MAIL TO:							
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615							
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov Prophrecial Communication of Business Services APR 24 2025 FORM 630- Revised: 12/2023							
				<u> </u>	~UZ.1		