



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 not filed by May 31.

FILED

MAY 02 2025

BY

RECEIVED  
J. DEPT. OF STATE  
BUS SVCS

1. Entity ID Number 001776595		2. Exact name of the Corporation Next Wave Apparel, Inc.		2025 MAY -2 P 3: 37	
3. Principal Office Address 1140 Reservoir Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 35000		6. Brief description of the character of business conducted in Rhode Island Operation of an apparel company			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Stephen Kiley			Vice-President Name Dylan Kiley		
Street Address 33 Cassandra Lane			Street Address 74 Hermit Drive		
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02889
Secretary Name Antonio Gemma			Treasurer Name Stephen Kiley		
Street Address 5745 Gillot Blvd			Street Address 33 Cassandra Lane		
City Port Charlotte	State FL	Zip 33981	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Stephen Kiley			Director Name		
Street Address 33 Cassandra Lane			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 1,000	CLASS SERIES CNP	PAR VALUE \$0.000
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>					
Name of Authorized Representative Stephen Kiley				Date 4/28/25	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)