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State of Rhode Island	State of Rhode Island \				<b>3</b> 50		
Department of St	ate - Busines	s Services D	ivision		- <b>č</b> (U	,	
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Annual Report for the year:	500	<u> </u>				! }	
Corporation -					ان سا	Í	
→ Filing period: February 1 -	May 1				.55 .55		
→ Filing Fee: \$50,00					508		
→ Penalty: Additional \$25.00 t						·	
1. Entity ID Number	2. Exact name o	f the Corporation	_	<u> </u>	_		
001673486		astro	C) e	neral (s	Mari	iction Inc	
		(42.10	ICity O	varior C			
3. Principal Office Address	~~	_	City		State	Zip	
8. Walnut. ST	APT.	<b>'</b> C	mil	Gord	mp	01575	
4. NAICS Code		on of the character	of busines	s conducted in Rhode Is	land	. 1	
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1 27816()		mstru	A.N	ገ			
5. State of Incorporation		701 1211 Or	7) 101	1			
0+	1						
<u> </u>		<u>-</u>					
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Rumaido a Castro T				Vice-President Name			
				Street Address			
Street Address 8. Walnut	57	APT 2	Sireel Addi	1622			
		<u>-</u>	City		State	Zip	
city mil Ford	State MA	2ip 01757	City		State	[2"	
	**177	1 0(757	Treasurer f	Name			
Secretary Name				Treasurer (Abrile			
Ctroat Address			Street Address				
Street Address			Oned Address				
City	State	Zip	City	<del></del>	State	Zip ·	
Спу	State	Z   P	) · · · ·		Otatio		
8. List ALL directors (names and a	ddresses)	<u> </u>		Check the bo	x to indicat	e an attachment	
Director Name			Director Na		× (0 11101001		
12 moldo a castro D							
Street Address 8 Walnut 58 APT. 2			Street Address				
8 walnut	st ap	1. 6					
City	State		City		State	Zip	
my Ford	MA	Zip 01757	Γ΄				
Director Name	<del></del>		Director Na	ime		· · · · · · · · · · · · · · · · · · ·	
Street Address				Street Address			
•							
City	State	Zip	City		State	Zip	
1			ļ				
9. Shares Authorized		10. Shares Issue	d			te an attachment 🔲	
This information is currently of reco	rd in the	NUMBER OF SI	ARES	CLASS/SERIES	T T	PAR VALUE	
Department of State.		l (		0		$\wedge$	
Changes require an additional filing							
Changes require an accinonal ming	•						
44 75	un bahalé sééba sas	n a cation his an aut	hasiand con	recentative. If the come	ration is in t	he hands of a re-	
<ol> <li>This report must be executed of ceiver or trustee, this report must be</li> </ol>					i attiviti is iii t	de lialius vi a te-	
Under penalty of perjury, I decla	re and affirm that	I have evamined	this repor	t including any accom	nanving se	chedules and	
statements, and that all stateme	nte contained he	rein are true and	correct	c, meroomy any accom	punymy o		
Name of Authorized Representative					Date		
					5-6-25		
Aumordo A Carro					5-6	6 — ( )	
Signature of Authorized Represent	ative						
1							
Λc							
MAIL TO:		<del></del> -		MAY 0 6 202	Brown	,	
Division of Business Services					利/		
148 W. River Street, Providence, Rhod	e Island 02904-2615			E MAY n a non	عرب ۱۶	.^	
Phone: (401) 222-3040				~ '"" 0 0 202	:: C	.63	

Website: www.sos.ri.gov