State of Rhode Islam		0	<b>5</b> 1. *. *		REC'D		
Department of S	_	_	Division		12 25 S	TAMP mysiga son	
Annual Report for the year:	2025	•			5 FX 0		
Corporation						n, place at the second	
Filing period: February 1 -	· May 1				57,55	118 C. 7. 2	
Filing Fee: \$50.00					맛꽁		
→ Penalty: Additional \$25.00					<del></del>		
Entity ID Number	2. Exact name	of the Corporation					
001742767	I JR D	RYWAU	INC				
3. Principal Office Address			City		State	Zip	
11 BOCK AVEN	U€		Pou	stucket	R.I.	0286	
4. NAICS Code		otion of the characte			sland		
236117	COUST	roction :	Compo	s conducted in Rhode Is ハソ・			
	4		•	J			
5. State of Incorporation	1						
K.1.							
7. List ALL officers (names and ac	dresses)			Check the bo	x to indicate	an attachment C	
President Name —			Vice-Preside				
Jose Rodolfu	n.auto?	Aroca					
Street Address 11 ROCK AVENUE		-	Street Addre	ess	-		
City	State R.1.	Zip	City		State	Zip	
Pawtocket	K'T'	02861	_ <u>i</u>				
Secretary Name			Treasurer N	ame			
Street Address			Street Addre	ess			
Cibi	State	Tzio.	City		State	Zip	
City	State	Zip	City		State	219	
8. List ALL directors (names and a	addresses)			Check the bo	ox to indicate	an attachment [	
Director Name				me		<del> </del>	
Street Address				Street Address			
<del></del>	Ta		<del> </del>		To: ·		
City	State	Zip	City		State	Zip	
Director Name	<u>.                                    </u>	<del>_</del>	Director Nar				
Director Name			Director Hai	THE .			
Street Address			Street Addre	ess			
City	State	Zip	City		State	Zip	
					<u> </u>		
9. Shares Authorized		10. Shares Issu NUMBER OF		Check the b		an attachment PAR VALUE	
This information is currently of record in the Department of State.			SIMMES				
		\$00		CWP	,	\$ ]	
Changes require an additional filing	j.					<del>,</del>	
11. This report must be executed.	a a bahallaliba .		بالمتحاج المراجعين والمالات				

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.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

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.

Name of Authorized Representative

Date

06.25.25

Signature of Authorized Representative

EU ED 1: +10

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



