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State of Rhode Island					ES		
Department of State - Business Services Division					□ □ □ STANII′		
Annual Report for the year:					o 전		
Corporation — /1/45) RIDOS 10 AM 11		
Filing period: February 1 - May 1					RIDOS BSD 10 AM11:48		
→ Filing Fee: \$50.00					2	8 8	
→ Penalty: Additional \$25.00	fee if form is not	filed by May 31.			8	<u> </u>	
Entity ID Number	2. Exact name	of the Corporation			~.		
0002034115	Cho	1- COAM	DACTIN	112			
3. Principal Office Address	<u> </u>	ce CONT d	City	7. 1742.	State	Zip	
1 '	2	./	0.09	,	D	7 00	
190 TWINK					F	F. 02864	
4. NAICS Code	6. Brief descrip	tion of the characte	er of business cond	ducted in Rhode Isl	and		
212321 Acute Con TO 40000							
5. State of Incorporation GENERAL CONTRACTOR.							
$\mathcal{L}_{i}\mathcal{I}_{i}$							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name PATRICIE CHECE. Vice-President Name							
Street Address	Street Address	Street Address					
190 TWIN RIVER Rd			0.000.000	Once i i waresa			
City	State	Zip_	City		State	Zıp	
LINCOCK.	RII.	02865	5				
Secretary Name	DICK 1	HECK	Treasurer Name				
PHT							
Street Address SAME-#			Street Address				
City	State	Zip	City		State	Zip	
C.I.y	Olule	12.10	\ \frac{1}{2}		Oldie	- ip	
8. List ALL directors (names and	addresses)		•	Check the box	to indic	ate an attachment	
Director Name	•	-	Director Name				
			<u> </u>				
Street Address			Street Address				
Cib.	ICtata	Tail	City		Icara	17:-	
City	State	Zip	City		State	Zip	
Director Name			Director Name		ı	l	
Sirector reality			Silector Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
			1		<u> </u>		
9. Shares Authorized This Information is currently of rec	nord in the	10. Shares Issu NUMBER OF		Check the bo	x to indic	cate an attachment PAR VALUE	
Department of State.	ora in the		3744.23	CONSISTENCES		A PAR VALUE	
		100				\mathcal{O}	
Changes require an additional filir	ıg.						
		<u> </u>					
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							
statements, and that all statements contained herein are true and correct.							
Name of Authorized Representative Date							
DATHONITI			17	110/75			
Signature of Authorized Representative							
Fature 1 Meer TEM 10							
MAIL TO:							
Division of Business Services			ŀ	り			

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

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