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State of Rhode Island Department of State - Business Services Di			vision	REC'D RIDDS 25 AUG 8 PM4:	5177Will
Annual Report for the year: 2024 Non-Profit Corporation → Filing period: February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.				005 BSD PM4:20:13	
1. Entity ID Number 163903	2. Exact name of Funda	CION 6/0	bel De Desa mon	110 Soc	10-Ecomor
3. State of Incorporation Phode 15 HNd 4. NAICS Code 1390	5. Brief description ASJ:187 Cowyer	in of the character in Car Or fus ond	of business conducted in Rhode atcel 17 Oli Mowals Other Hangs	with	
6. Principal Office Address	<i>t</i>		STANS TOW	State R/	Zip 0291
	~	7. List ALL officers (names and addresses)			
7. List ALL officers (names and ad	dresses)			the box to indica	ite an attachment
Provident Name N 2	dresses)		Check	the box to indicate of the second sec	
Provident Name N 2			Check	a gar	
President Name Ayda Go		Zip 02916	Check Vice-President Name Ane	a gar	
President Name Anda Go Street Address II Station St.	ercin	zip 0 2916	Check Vice-President Name ANC Street Address + Tiow	a gar	
President Name Ayda Go Street Address 11 STOTION St City Cranston	ercin	Zip 0 2916	Check Vice-President Name ANC Street Address + Tion City Constor R.	a gar	
President Name Ayda Go Street Address 11 STOTION St City Crowslon Secretary Name Marile	ercin	Zip 0 2916	Check Vice-President Name ANC Street Address + Tion City Crosson Name Treasurer Name	a gar	
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President Name Ayda Go Street Address If Station Station Secretary Name Street Address City City Street Address Street Address City 8. List ALL directors (names and a	State R. 1 State R. 1 State State	Zip	Check Vice-President Name ANC Street Address + T 10W City Crowston N. Treasurer Name Street Address City tat least THREE directors.	State State	Zip
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9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative

AYDA & ducit

Signature of Officer/Authorized Representative

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 8 2025

BY TUKTK

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State

FORM 631- Revised: 12/2023

Zip