RI SOS Filing Number: 202577552540 Date: 8/8/2025 4:29:00 PM

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## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year:	2020
Non-Profit Corporation	

7. List ALL officers (names and addresses)  President Name Ay La Garcia  Street Address  Street Address  Check the box to indicate an attachment   Vice-President Name A Nea Garcia  Street Address  City Granslon  State R   Zip 0 2916  City Granslon  Street Address  Street Address  Street Address  Street Address  City State  Zip City State  Zip  City State  Zip  City State  Zip  City State  Zip  Director Name  Director Name  Director Name  Street Address  Street Address  Check the box to Indicate an attachment  Director Name  Director Name  Director Name  Street Address	→ Filing period: February 1 - May 1 → Filing Fee: \$20.00	0:52	SD 0:52							
State of Incorporation  Phode ISIANA  State of Incorporation  Phode ISIANA  State of Incorporation  S. Brief description of the character of business conducted in Rhode Island  ANICS Code  Wile President Name  ANICS Code  City FANS TOW  R. / 0291  T. List ALL Officer (names and addresses)  Check the box to indicate an attachment of the Address  Street Address  Street Address  City Grandon  State R.   Zp 0.3416  Street Address		· · · · · · · · · · · · · · · · · · ·								
State of Incorporation Rhode IS I AND Rhode IS I AND State of Incorporation Rhode IS I AND Rhode IS I AND State Incorporate Incorporate Incorporation OSSIBT Incorporate Incorporation State State State State Rhode Island Rhode Island OSSIBT Incorporate Incorporate Incorporation State Stat										
4. NAICS Code  (Principal Office Address  3/1 Station Shee  7. List All Officers (names and addresses)  President Name  1	3. State of Incorporation	a Control of the Cont								
4. NAICS Code  (Principal Office Address  3/1 Station Shee  7. List All Officers (names and addresses)  President Name  1	District I will a Company to Constant In Orlington (2) 12) Ith									
31 Station Shee 7. List ALL Officers (names and addresses)  President Name And Address  Street Address  State R. / Zip O J H City	4. MAICS CODE CON OTHER THINGS									
7. List ALL officers (names and addresses)  President Name Ay da Garcin  Street Address  Street Address + Tion State  City Grandon  State Ri Zip 0 3916  City Grandon  State Ri Zip 0 3916  Treasurer Name  Street Address  St	6. Principal Office Address			City	State					
President Name Ay da Garcin  Street Address  State P. / Zip 29 / J	311 Station Sh	ee		THUS NOW	Rel	0291				
Street Address  City Cranston  State R   Zip O 2916 City Cranston D. 1 State   Zip O 2916 City   State   Zip O 2917 City   State D. 1 Zip O 2917 City   State D. 1 Zip O 2917 City   State D. 2 Zip O 2917 City D. 2 Zip O 2917 City   State D. 2 Zip O 2917 City   St	7. List ALL officers (names and add	dresses)			e box to indicate a	n attachment				
City Grandon State R.   Zip 0 2916 City Grandon R.   State 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	President Name Ay da Ga	Lrcia		Vice-President Name ANCa garrin						
Screet Address  Street Address  Check the box to indicate an attachment  Director Name  Street Address  Street				Street Address ta TION She						
Street Address  Check the box to Indicate an attachment  Director Name  Director Name  Street Address  Street	City Cranston	State R	Zip 02910	City Cranston R.1	State	202910				
Street Address  City  State  Street Address  Check the box to Indicate an attachment  Director Name  Street Address  Street Addre	Secretary Name Warila	Vargo	Treasurer Name							
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to Indicate an attachment Director Name Daysi Canasia  Street Address Street Address Street Address Street Address Street Address Director Name Director Name  Director Name State Daysi Canasia  Director Name State Daysi Canasia  Director Name Street Address Street Addr	<del>,                                      </del>		Street Address							
Check the box to Indicate an attachment Director Name  Director Name  WAN DWEW  Street Address  Street Address  Street Address  Street Address  City R. a St pride State N.   Zip 079 14 City R. Coart mark  Director Name  Street Address  Director Name  Street Address  Street Address  Street Address  City Marian  State R.   Zip 079 14 City R. Coart mark  Street Address  City Marian  Street Address  City Marian  State R.   Zip 079 City State Zip  9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filling 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  A J D A & A V C I H	City	State	Zip	City	State	Zip				
Street Address  Street Address  City R. a St pride  State N. I. Zip 079 14 City R. East mark State R. I. Zip 391,  Director Name  Street Address  Street Address  Street Address  Street Address  Street Address  City Maridiae State R. I. Zip 079 R City State Zip  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  HYDA & LVCIP										
Street Address  City R. a St prick State 1.   Zip 079 14 City R. Cont protect	Director Name QuAN Ru	ser		Director Name Dani Cana is						
Director Name  Street Address  Street Address  City Movidure  State R.   Zip 0990 City  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  Ay DA & LUCIA	Street Address Ø		r	Street Address 32 largen						
Director Name  Street Address  Street Address  City Movidure  State R.   Zip 0990 City  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  Ay DA & LUCIA	City R. a St provide	State /.	Zip 02-9 14	City Q. East month	State R. L	Zip 2914				
City Providure State R, Zip D-90 City State Zip  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  A J D A G L C I H										
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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  A J D A S LVC I P S LVC I P	9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.									
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AYDA & LUCIA 8/8/2025										
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Signature of Officer/Authorized Representative / /					1 8/8/	0000				
	Signature of Officer/Authorized Rep	resentative			/ /	1				
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**Division of Business Services** 

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

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

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FORM 631- Revised: 12/2023

