RI SOS Filing Number: 202577606090 Date: 8/15/2025 8:57:00 AM

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Department of State - Rusiness Services Division / 72							
Annual Report for the year: AUG 15 2025							
Corporation —		<u> </u>		7,00 0 7,02,0 .	ώn.		
→ Filing period: February 1 - I	May 1		ſ	BY 472T)	5,5		
→ Filing Fee: \$50.00			ŀ		5		
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.							
1. Entity ID Number 2. Exact name of the Corporation							
146339 HASOM PRINTING				16.			
3. Principal Office Address				1 1	State	Zip	
432 Newman Hi	unue		1 5	eekonk	1 Ma	0277/	
4. NAICS Code		on of the character	of busines	s conducted in Rhode Isl	and		
238/60 5. State of Incorporation House Painting							
5. State of Incorporation		laure K	ainti.	nQ			
7 T	1	Upic 1		7			
54				Charlette has	to indicate an	attachment D	
7. List ALL officers (names and add President Name	resses)		Vice-Presid		to morcate an	attacriment 🗀	
trancisco lavano							
Street Address			Street Address				
432 Newman Avenu			City State Zip				
City Sock of K	State Mo	02771	City		State	Σιρ	
Secretary Name	1º11L	100111	Treasurer N	lame	J ——————		
Secretary Name							
Street Address			Street Address				
	la:	Ta:-	City		TState	Zip	
City	State	Zip	City		June		
8. List ALL directors (names and addresses)				Check the box to indicate an attachment			
Director Name Director Name							
				Court Address			
Street Address			Street Address				
City	State	Zip	City	··	State	Zip	
				<u> </u>	<u> </u>		
Director Name				Director Name			
Current Address				Street Address			
Street Address							
City	State	Zip	City		State	Zip	
			<u> </u>	Object Aberbar	i de la diseada da	attachment 🔽	
9. Shares Authorized 10. Shares Issue This Information is currently of record in the NUMBER OF SI				CLASS/SERIES	t to indicate an	PAR VALUE	
Department of State.		0			_	0	
Changes require an additional filing.							
Changes require an additional hing.]		ļ		
11. This report must be executed on	behalf of the corp	poration by an aut	horized repi	esentative. If the corpora	tion is in the ha	ands of a re-	
ceiver 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	-1	
					10 /13	12025	
Signature of Authorized Representative					UTA 150	/ ~~ ~ 3 -	
Signature of Authorized Representative							
444700							
MAIL #6:// Division of Business Services							

148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov