RI SOS Filing Number: 202577794940 Date: 8/22/2025 1:40:00 PM

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State of Rhode Island					EC.D EC.D		
Department of State - Business Services Division					22		
Annual Report for the year:	2021					RIDOS BSD 22 PM1:38:56	
Corporation -		<u>.</u>				<u>≔</u> υ 35⊞	
→ Filing period: February 1 - → Filing Fee: \$50.00	мау т					<u>88.52</u>	
Penalty: Additional \$25.00	fee if form is not f	iled by May 31.			_	56	
1. Entity ID Number		f the Corporation					
000046034	Point of D	eparture Ind) .				
3. Principal Office Address	<u>.</u>		City		State	Zip	
P.O. Box 3228				gansett	RI	02882	
4. NAICS Code	6 Brief descripti	on of the characte	r of busines	se conducted in Phode Isl	land		
711510		ef description of the character of business conducted in Rhode Island Dishing and Business Writing					
	, and the same state of the sa						
5. State of Incorporation RI							
	1						
7. List ALL officers (names and ad	addresses)			Check the box to indicate an attachment Vice-President Name			
President Name Peter Pezzelli			VICE-TIESIDENT NAME				
Street Address 19 South Hillview Drive			Street Address				
<u> </u>		far-	<u> -</u>		Tour .		
^{City} Narragansett	State RI	^{Zip} 02882	City		State	Zip	
Secretary Name	<u> </u>	<u> </u>	Treasurer Name				
Street Address			Street Address				
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
City	State	Zip	City	·	State	Zip	
8. List ALL directors (names and a	ddresses)		l	Check the bo	x to indicate	an attachment 🔲	
Director Name			Director N				
Discoi Address			Dividad				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
	<u> </u>	1			<u> </u>	.	
Director Name			Director Name				
Streel Address			Street Address				
L							
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Issue	d	Chask the be	y to indicate	an attachment 🔲	
This information is currently of reco	rd in the	NUMBER OF S		CLASS/SERIES	X to indicate	PAR VALUE	
Department of State.		0 (nor	1c)			•	
Changes require an additional filing.		<u> </u>					
11. This report must be executed o					ation is in the	hands of a re-	
ceiver or trustee, this report must but Under penalty of perjury, I declar					panying sch	edules and	
statements, and that all stateme	nts contained her					- 3	
Name of Authorized Representative Date							
Peter Pezzelli					18/1	19/25	
Signature of Authorized Represent	ative		FILED		/	/ / =	
The Tent	<u></u>		· seren			:	
MAIL TO:		ALEC	9 6 200	· · · · · · · · · · · · · · · · · · ·		··	
Division of Business Services		AUG	6 % ZUZ	in rul			
148 W. River Street, Providence, Rhode Phone: (401) 222-3040) Island 02904-2615	BY Q	VYTH	5 A 1,40			
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Website: www.sos.ri.gov