RI SOS Filing Number: 202577917240 Date: 8/29/2025 1:43:00 PM

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State of Rhode Island Department of State - Business Services Division					EC'D AUG		
							Annual Report for the year:
Corporation	202	<u>ა</u>			FE CO	5 n	
→ Filing period: February 1 - May 1					. A.	G Garage Garage	
→ Filing Fee: \$50.00					[:42	⇒	
Penalty: Additional \$25.00 1. Entity ID Number	fee if form is n	ot filed by May 31	•				
001763684		e of the Corporation		VICEO INO			
<u> </u>	AARIFI	ELD INSPE	CTION SER	VICES INC			
3. Principal Office Address	_		City		State	Žip	
	> (Dence	125	02902	
4. NAICS Code	6. Brief descr	iption of the chara	cter of business cor	nducted in Rhode	Island		
541350	ہے کی ج	- 10-25	GONIPANI	Pallerac	For -	Th 1544 PANK	
5. State of Incorporation	1780	Tysber		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1010	210 300.071-	
RI	AND	morto	COMPANI	K			
7. List ALL officers (names and ac President Name	dresses)	-		Check the b		an attachment 🗆	
Angela Araugo			Vice-President N	Vice-President Name			
Street Address N BERGEN ST	_ 	 -	Street Address		<u> </u>		
city Province Na	State	Zip (5890)	City		State	Zip	
Secretary Name	1	<u>l</u>	Treasurer Name	<u> </u>			
Street Address			Street Address	Street Address			
City	State	Zip	City		Ichara		
			City		State	Zip	
8. List ALL directors (names and a Director Name	ddresses)			Check the b	xox to indicate a	an attachment	
Director Marke			Director Name				
Street Address			Street Address	Street Address			
City	Tot-t-	-		<u> </u>			
City	State	Zip	City		State	Zip	
Director Name	-!		Director Name		<u> </u>	L	
Street Address				Street Addition			
on oct riddless			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10 Shara las					
This information is currently of reco	rd in the	10. Shares Iss		CLASS/SERIES	oox to indicate a	PAR VALUE	
Department of State.		0			.0		
Changes require an additional filing.		 					
44 Thus							
 This report must be executed a ceiver or trustee, this report must b 	n behalf of the (e executed on I	corporation by an a behalf of the corpo	luthorized represen	itative. If the corpo	pration is in the	hands of a re-	
Under penalty of perjury, i decla	re and affirm th	at I have examin	ed this report, incl	uding any accon	npanying sche	dules and	
statements, and that all stateme Name of Authorized Representative	nts contained l	<u>nerein</u> are true an	d correct.				
					Date 8/29/2025		
Signature of Authorized Represent	ative				0/29/202	.5	
- g. ataia of Authorized Hopiesent	ou vc		_	1.420			
			<u> </u>	1:43P			
MAIL TO: Division of Business Services			AUG 2.0 20	125			

148 W. River Street, Frovidence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov