						Ŋ <u>_</u>		
State of Rhode Island Department of State - Business Services Division						BRECO BUG SELAMP		
Annual Report for the year: 2015 Corporation					₹ 6			
→ Filing period: February 1 - May 1					143 85 (25) 143			
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00		filed by May 21				BSD :41:44		
Entity ID Number	2. Exact name	of the Corporation						
001763684	AARI FIE	LD INSPEC	TION S	ERVICES INC				
3. Principal Office Address			City	1	State	_	Zip	
10 Berger S	6 Prior descript	ion of the charact		of business conducted in Rhode Is		25	02907	
541350								
5. State of Incorporation	Free I	Field Inspection Se AND MORTE COMPANY				IN	surm	
RI		morto	compr	mys				
List ALL officers (names and ad President Name	ldresses)		Mica Presi	Check the b	ox to ind	icate an at	achment 🗆	
Ancycla Arabyo Street Address				VICE-F TESTOCIT WATER				
NBERGEN ST	-		Street Add	ress				
city Providence	State	Zip (0 29,0)?	City		State	·	Zip	
Secretary Name			Treasurer Name					
Street Address	· ·		Street Add	ress				
City	State	Zip	City		State		Zip	
8. List ALL directors (names and a	ddresses)			Check the b	ox to ind	icate an att	achment 🔲	
Director Name				Director Name				
Street Address			Street Address					
City	State	Zip	City	City			Zıp	
Director Name		Director Name			<u> </u>	<u>-</u>	<u> </u>	
Street Address				Street Address				
City	State	Zip	City	City			Zip	
9. Shares Authorized	-4 t - 4b	10. Shares Issue		Check the b		licate an att		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF S	<u>HARES</u>	S CLASS/SERIES PA		PAR VALUE		
			-	. <u>. </u>				
11. This report must be executed o	n behalf of the cor	poration by an au	horized rep	resentative. If the corpo	ration is	in the hand	s of a re-	
ceiver or trustee, this report must be Under penalty of perjury, I declar	re and affirm that	I have examined	this report	eceiver or trustee. , including any accom	panying	schedule	s and	
statements, and that all statements. Name of Authorized Representative	nts contained hei	rein are true and	correct.		Date	-		
				8/29/2025				
Signature of Authorized Represent	ative			4 - 0	1			
STILL :			FIL	ED 1:43P				
MAIL TO:								

Division of Business Services

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

Phone: (401) 222-30-0

Website: www.sos.ri.gov

AUG 29 2025) BY VEZ9J