RI SOS Filing Number: 202578064790 Date: 9/9/2025 10:18:00 AM

						25 20
				<u></u>		
State of Rhode Island					P D P R	
Department of State - Business Services Division					₩ <b>ID</b>	
Annual Report for the year: 2021 Amended						RIDOS BSD RM10:18:32
Corporation						BS
Filing period: February 1 - May 1						:: D
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.						2
1, Entity ID Number		of the Corporation		<u> </u>		
000034663		Exterior	ss. 1	NC		
3. Principal Office Address			ICity		State	Zip
	hill RQ			·	RI	
4. NAICS Code	6. Brief descripti	on of the characte	r of busines	s conducted in Rhode Isl	anc	02882
238190	J U	T 00	. 4	(1 a vy Aga tan)	,	
5. State of Incorporation	Mome	+ mprove	WO CU	Contractor		i
RI						
7. List ALL officers (names and ac	dresses)		Vice-Presid		to indica	te an attachment 🗆
President Name ANTHONE PURINI			Samp			
Street Address			Street Address			
City State S Zip DO TO			City State Zip			
City N. KINGTOWN,	State RI	Zip 02852				
Secretary Name				Name	_	
Street Address			Street Address			
A	Torris	Tzio	City	<u>-</u>	State	Zip
City	State	Zip	City	<u>.</u>		
8. List ALL directors (names and a	addresses)		1		to indica	te an attachment 🗀
Director Name Ame			Director Name Sany			
Street Address			Street Address			
	To: .	Ta:-	City		State	Zip
City	State	Zip	City		State	]
Director Name			Director Name			
Street Address Street Address						
Sileet Audiess		<u> </u>				
City	State	Zip	City		State	Zip
9. Shares Authorized	<u> </u>	10. Shares Issue	<u>.</u>	Check the box	to indica	ite an attachment
This information is currently of record in the			NUMBER OF SHARES		CLASS/SERIES PAR VALUE	
Department of State.		100		5TK		\$0
Changes require an additional filing	<b>).</b>					
11. This report must be executed of	on behalf of the cor	poration by an aut	horized rep	resentative. If the corpora	tion is in	the hands of a re-
ceiver or trustee, this report must	be executed on bel	half of the corporat	ion by the r	eceiver 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	
Anthony Puerini					19-9-25	
Signature of Authorized Representative						
Cours Sen FILED 10:18A						
MAIL TO:	<i></i>					
Division of Business Services			SEP	0 9 2025		
148 W. River Street, Providence, Rhod Phone: (401) 222-3040	e Island 02904-2615		JLI	U 3 LULJ		
Website: www.sos.ri.gov			/	20	FORM	1 630- Revised: 12/2023

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

September 09, 2025 10:18 AM

Gregg M. Amore Secretary of State

Treg M. Coure

