

1 Corporate ID No.

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.30

Filling Period: January 1 - March 1 • Filling Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e&d)) is unique to a penalty fee of \$25.00.

1 Corporate ID No.	2. Name of Corporation				
3. Street Address Principal Business C	Scasid	le Heigh	to Inc		
131 Sleep	Hollow	o bane	City Wale C'all	State	21p
4. Business Phone No. 401-284-183)C)	5. State of Incorporation	a de co		10261
6. Brief Description of the Character of		hode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS.	CEPS HOW FOR AND			İ
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS : Vice President Name		
Marcia Mc Covers			Edward McCovern		
131 Sleepy Hollow LANCE			Street Address		
City VOL - A	State	Zip	City	State	Zip
Socretary Name		10558,11	Treasurer Name	ndo KI	02807
Eduard Mc Covern			marcia unconsern		
High ET			Street Address		
City Trans	State	Zip	City Steepy	Tallow Co.	7.0
8. NAMES AND ADDRESSES	OF THE DIRECTORS	02807 6: ("X" BOX FOR ATT	waterid	RI	02879
Director Name			Director Name	PACES BEFORE USING A	TTACHMENTS \
Street Address			Edua	od Mclos	vera
City Sleep Holkeslane			Street Address High STICE +		
Dokelyson!	R=	0287Q	City	State	Zip N
Director Name		<u></u> -0	Director Name		102.661
Street Address					_ 8 크롭쥬
			Street Address		2
City	State	Zip	City	State	Zip Oc.
9. SHARES AUTHORIZED			10. SHARES ISSUED 7"	V" POV FOR ATTACK	
100 (own	No Par	Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par ()
			100	Common	NONE
This report must be executed of this report must be executed or	on behalf of the corne	ration by an authoriza	l rooms antation of all		
this report must be executed or	behalf of the corpor	ation by the receiver o	r trustee.	oration is in the hands of a	receiver or trustee,
			Under penalty of perju- including any accompa	ry, I declare and affirm that I in ying schedules and statemen	have examined this report.
EII EI	3 m		contained herein are tru	ue and correct.	
File Date	<i></i>		Marcia	neboxen	10/21/20
Check No	///		Signature	~ r	Date
By:			Print or Type Name	Noposer	~
FOR SECRETARY OF STATE	E USE ONLY		Precia.	ent	
(C)	Control of the second	-	Tule		Form 420 P 00 mg
					Form 630 Rev. 08/08