State of Rhode Island Department of St	tate - Busine	ss Services D	ivision	. !	í		
Annual Report for the year: 2022			een 3 5 2022				
Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.			FEB 2 4 2022 1531				
1, Entity ID Number		2. Exact name of the Corporation					
9059							
3. Principal Office Address 45 FULLERTON ROAD			City WARWICK		State アエ	Zip 02886	
4. NAICS Code 23.6 8 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		otion of the characte			and		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name ROBERT CAMBARDELLA			Vice-President Name VINCENT CAMBARDELLA				
Street Address 12 ROBERT	CIRCLE		Street Address	WENTWORT	H AVEN	u E	
City JOHNSTON	State	Zip 02919	City WARU	VICK	State PI	Zip 02859	
Secretary Name VINCENT GA	Treasurer Name VINCE	Treasurer Name VINCENT GAMBARDELLA					
Street Address 30 WENTWORTH AVENUE			Street Address 30 WENTWORTH AVENUE				
City WARWICK	State	Zip 02889	City WARW	· ·	State	Zip O2889	
8. List ALL directors (names and	addresses)			Check t	he box to indic	cate an attachment	
Director Name NONE Street Address			Director Name NONE				
Juliet Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name NONE	Director Name	Director Name NONE					
Street Address	Street Address	Street Address					
City	State	Zip	City		State	Zip	
9. Shares Authorized Soo Common No PV This information is currently of record in the Department of State. Changes require an additional filling.			10. Shares Issued NUMBER OF SHARES CU		Check the box to indicate an attachment SSSERIES PAR VALUE		
		405		Variation of the second	NO PAR		
11. This report must be executed	on behalf of the c	corporation by an au	uthorized represer	ntative. If the corpor	ration is in the	hands of a receiver or	
trustee, this report must be executed under penalty of perjury, I decistatements, and that all statements.	clare and affirm th	hat I have examined	d this report, inc	lee. Iuding any accom	panying sche	edules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date		
Signature of Authorized Representative () fuch authorized Representative					FEBRUA	9RY 16, 2022	
Signature of Authorized Preprese	intalive	2_					

RI SOS Filing Number: 202212287600 Date: 2/24/2022 4:00:00 PM

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov