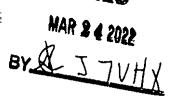
State of Rhode Islandlin	g Number: 2	20221345261	0 Date: 3	/24/2022 4:00:0	00 PM <b>-</b>	<del></del>	
Department of St				282			
Annual Report for the year: 2022			:			R.I. DET TOTAL	
Corporation			<del>-</del> .			SV101	
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00			' <i>.</i>				
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.				PH STATE			
Entity ID Number     2. Exact name of the Corporation			1			<u>ن</u>	
500680	sisu, inc.					<b>ن</b> ـــ ا	
3. Principal Office Address			City		State	Zip	
102 Glenwood Drive			North Ki		RI	02852	
4. NAICS Code 999999	6. Brief description of the character of business conducted in Rhode Island Retail, wholesale and/or commercial florist, also, to sell and own real estate					own real estate	
5. State of Incorporation	and to conduct any other business activity allowed by law						
7. List ALL officers (names and ad	dresses)			Check	the box to i	ndicate an attachment	
President Name Mia Bach			Vice-Presiden	Vice-President Name Robert E. Bach			
Street Address 102 Glenwood Drive			Street Address 102 Glenwood Drive				
<sup>City</sup> North Kingstown	State RI	<sup>Zip</sup> 02852		Kingstown	State RI	<sup>Zip</sup> 02852	
Secretary Name Robert E. Bach			Treasurer Name Mia Bach				
Street Address 102 Glenwood D	Street Address	Street Address 102 Glenwood Drive					
<sup>City</sup> North Kingstown	State RI	<sup>Zip</sup> 02852	City North Kingstown		State RI	<sup>Zip</sup> 02852	
8. List ALL directors (names and a	154	Check the box to indicate an attachment					
Director Name			Director Name	Uirector Name			
Street Address			Street Address				
City	State	Zip	City	City		Zip	
Director Name			Director Name	Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized 10. Shares							
This information is currently of record in the Department of State.		NUMBER OF	SPAKES	CLASS/SERIES Stk		\$.01	
Changes require an additional filing	•				ψ.01		
11. This report must be executed of trustee, this report must be executed trustee, this report must be executed.			-	<del>-</del>	ration is in	the hands of a receiver or	
Under penalty of perjury, I decla	re and affirm th	at I have examin	ed this report, i		panying s	chedules and	
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date							
Mia Bach, President					318 12022		
Signature of Authorized Represen	tative		. (				
MAIL TO:				FILED			
MAIL 10: Division of Business Services							

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

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



FORM 630 - Revised: 11/2021