RI SOS Filing Number: 202217359960 Date: 5/16/2022 4:00:00 PM IVED BUS SVCS DIV

State of Rhode Island

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

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

Department of State - Business Services Division

2022 MAY 16 A 9:34

Corporation	ne year:	2022				SIAMP
→ Filing period. Februa	_		_			and the second
→ Filing Fee: \$50.00						t and the second
→ Penalty: Additional \$2	25.00 fee if form is	not filed by May	<i>y</i> 31.			
Entity ID Number	2. Exact n	ame of the Corpo	ration			
001680167	1141	Partner		11		
3. Principal Office Address		Janne	City	Ity, INC	State	17
6 Apple -	Tree In			ing fon		Zip
4. NAICS Code		scription of the ch	naracter of business	shoot start in Dha	<u> </u>	02806
531110				consucted in Kild	de Island	
5. State of Incorporation	 - '*	en tal	property.			
RI		•	,			
7. List ALL officers (names a	and addresses)					
President Name	0 / /		Vice-Presider	Ch	eck the box to inc	licate an attachment
W/17/1am O.	Medina 1	Pelgado				
Street Address 6 Apple TV2	e In		Street Addres	ss		_
City	State	Zip	City		State	
15arrington	$R \cdot I$	0280	16		State	Zip
Secretary Name	Med		Treasurer Na	me		<u>_</u>
Street Address	/ , -		Street Addres	•		
6 HODIC 7	Tec In					
City Burnington	State	0280	City		State	Zip
8. List ALL directors (names	and addresses)	10200			t. Ab - b - A	
Director Name			Director Name	Cn	eck the box to ind	icate an attachment
Street Address						
			Street Addres	S		
City	State	Zip	City		State	Zıp
Director Name				<u> </u>		
			Director Name	2		
Street Address			Street Address	<u> </u>		
City	State	77				
	State	Zıp	City		State	Zip
9. Shares Authorized		10. Shares		Che	ck the box to indi	cate an attachment
This information is currently o Department of State.	if record in the	<u></u>	ER OF SHARES	CLASS/SE	RIES	PAR VALUE
Changes require an additional filing.		L 2	00			\$ 0.0100
onengos require an additional	mmg.					0 0 0 0 0 0 0
11. This report must be execu	uted on behalf of th	e corporation by	an authorized repres	entative If the co	rnoration is in the	handa et a sacciona
The second secon	ACCUICU ON DENAM (JI IIIM LOMANAINA	DV TOO TOCOWOR AT IT	10100		
Inder penalty of perjury, I catements, and that all sta	declare and affirm Itements containe	i that I have exam d herein are true	nined this report, it	ncluding any acc	ompanying sch	edules and
lame of Authorized Represe	ntative	a norem are true	and correct.	<u> </u>	Date	
William O Medina Delyado						
ignature of Authorized Repr		1 your			13-1	5-2022
Millia	m /	1 dina		FILE	מ	
AIL TO:		College				
AIL TO: ivision of Business Services	-			MAY 16	2022	9120