RI SOS Filing Number: 202444428280 Date: 1/22/2024 4:00:00 PM

| State of Rhode Islan Department of St   |                     | ss Services I                    | Division         |                       | S                           | TAMP                   |  |
|---|---------------------|----------------------------------|------------------|-----------------------|-----------------------------|------------------------|--|
| Annual Report for the year: 2024  |                     |                                  |                  |                       |                             |                        |  |
| Corporation   |                     |                                  |                  |                       | 1420<br>17 <b>年</b> 3日 1 ロー | etmen<br>Redective     |  |
| Filing period: February 1 -   |                     | RALDEPTROESSYFTE<br>DUS SVOS POV |                  |                       |                             |                        |  |
| → Filing Fee: \$50.00<br>→ Penalty: Additional \$25.00  | fee if form is not: | filed by May 31                  |                  |                       | (3.0.2                      |                        |  |
| 1. Entity ID Number   |                     | of the Corporation               |                  |                       | 7024 JAN 1                  | <del>22 (2 12 30</del> |  |
| 1711/3  |                     | - ,                              |                  | S 2TD                 | LOLI                        |                        |  |
| 1+900   | MESIM               | 1115161                          | 7 - :            | <u> </u>              | 10: :                       | <b>1</b>               |  |
| 3 Principal Office Address  | ~                   |                                  | City             | . 1 .                 | State                       | Zip                    |  |
| 550 Valley  | ST                  |                                  |                  | idence                | IRI                         | 02908                  |  |
| 4. NAICS Code   | 6. Brief descript   | tion of the charact              | er of business o | conducted in Rhode Is | sland                       |                        |  |
| 5. State of Incorporation   | 1                   |                                  |                  |                       |                             |                        |  |
| RI  | So                  | iles L                           | 1Se              | Cars                  |                             |                        |  |
| 7. List ALL officers (names and ad  | dresses)            |                                  |                  | Check the bo          | ox to indicate a            | an attachment 🔲        |  |
| President Name METY LOPEZ   |                     |                                  |                  | Vice-President Name   |                             |                        |  |
| Street Address Juing  | ST                  | Ta:                              | Street Addres    | s                     | 10                          | 15:                    |  |
| Providence  | State T             | 02907                            | City             |                       | State                       | Zip                    |  |
| Secretary Name  |                     |                                  | Treasurer Nac    |                       |                             |                        |  |
| Street Address  |                     |                                  | Street Addres    | Street Address        |                             |                        |  |
| City  | State               | Zip                              | City             |                       | State                       | Zıp                    |  |
| 8. List ALL directors (names and a  | _l<br>ddresses)     |                                  | <u>.</u>         | Check the b           | <u> </u>                    | an attachment 🔲        |  |
| Director Name   |                     | -                                | Director Name    |                       |                             |                        |  |
| Street Address  | Street Address      |                                  |                  |                       |                             |                        |  |
| City  | State               | Zip                              | City             |                       | State                       | Ζιρ                    |  |
| Director Name   |                     |                                  | Director Name    | Director Name         |                             |                        |  |
| Street Address  |                     |                                  | Street Addres    | s                     |                             |                        |  |
| City  | State               | Zıp                              | City             |                       | State                       | Zip                    |  |
| 9. Shares Authorized  |                     | 10. Shares Issu                  |                  |                       |                             | an attachment          |  |
| This Information is currently of reco<br>Department of State.                                 | ord in the          | NUMBER OF                        | SHARES           | CLASS/SERIE           | <u>s</u>                    | PAR VALUE              |  |
| Changes require an additional filing.   |                     | 100                              | 100 CNP          |                       |                             | 0                      |  |
|   |                     | <u> </u>                         |                  |                       |                             |                        |  |
| <ol> <li>This report must be executed of<br/>ceiver or trustee, this report must l</li> </ol> |                     |                                  |                  |                       | pration is in the           | hands of a re-         |  |
| Under penalty of perjury, I decia   | re and affirm tha   | at I have examine                | d this report, i |                       | npanying sch                | edules and             |  |
| statements, and that all statements Name of Authorized Representative                         |                     |                                  | z correct.       |                       | Date                        |                        |  |
| Mety  |                     | 730                              | 1 2              | 12/24                 |                             |                        |  |
| Signature of Authorized Represen  | tative              |                                  | V                | FILED \               | •                           | <u> </u>               |  |
| 11 eng gr   | LESP CLY            | /                                | ·ίΔ              | N 2 2 2024            |                             |                        |  |
| MAIL IO: Division of Business Services  | AL                  |                                  | <b>DV</b>        | 7972H                 |                             |                        |  |
| 148 W. River Street, Providence, Rhod   | e Island 02904-261  | 5                                | RI_              | /                     | -                           |                        |  |

Phone: (401) 222-3040

Website: www.sos.ri.gov

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