RI SOS Filing Number: 202447782640 Date: 2/28/2024 4:00:00 PM

Annua

## State of Rhode Island

## **Department of State - Business Services Division**

I Report for the year: 2024

Corporation 
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00	1 490G						
1. Entity ID Number 92723	2. Exact name of the Corporation Andreas Holdings, Inc.						
3. Principal Office Address 41 High Gate Road			City Cranst	ton	State RI		Zip 02920
4. NAICS Code 541611 5. State of Incorporation Rhode Island	6. Brief description of the character of business conducted in Rhode Island  To offer business and consulting services to any type of entity or individual.						
7. List ALL officers (names and ad President Name Andreas Andr	Check the box to indicate an attachment  Vice-President Name Marie Andreopoulos						
Street Address 41 High Gate Road			Street Address 41 High Gate Road				
Cranston	State RI	<sup>Zip</sup> 02920	City Cranston		State	RI	Zip 02920
Secretary Name Andreas Andreopoulos			Treasurer Name Marie Andreopoulos				
Street Address 41 High Gate Road			Street Address 41 High Gate Road				
Cranston	State RI	<sup>Zıp</sup> 02920	City Cranston		State F	રા	<sup>Zip</sup> 02920
8. List ALL directors (names and a	ddresses)			Check the	box to indic	ate an atta	achment 🗖
Director Name None			Director Na	imė			
Street Address			Street Addi	ress			
City	State	Zıp	City	City			Zip
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	<del></del> ··	Zip
9. Shares Authorized	10. Shares Is						achment  PAR VALUE
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF S	SHAKES	Common		No Par	
11. This report must be executed o	be executed on be	half of the corpora	ation by the r	receiver or trustee.			
Under penalty of perjury, I decla statements, and that all stateme	re and affirm tha ints contained he	t I have examine	d this repor	t, including any acco		schedule	s and
Name of Authorized Representativ  Andreas Andreopoulos		Date 2-25-21					
Signature of Authorized Represent	ative						

MAIL TO:

**Division of Business Services** 

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

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