RI SOS Filing  State of Rhode Island	Number: 20	2448137250	Date: 3/4/2	2024 4:00:00 PN	Л	
Department of Sta	te - Busines	s Services Di	vision		FILED	
Annual Report for the year: 2024  Corporation  → Filing period: February 1 - May 1			MAR 04 2024			
→ Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by May 31.				BY_		5
1. Entity ID Number 719747	ľ	f the Corporation	NAL COMPANY, INC.			
3. Principal Office Address 580 Maple Ave., Suite 1 (Mail: P.O. Box 719)			City Barrington	1	State RI	Zip 02806
4. NAICS Code 423610 5. State of Incorporation MASSACHUSETTS	6. Brief descript Electronic D		of business co	inducted in Rhode Isla	and	•
7. List ALL officers (names and addresses) President Name Daniel Lemos			Check the box to indicate an attachment  Vice-President Name None			
Street Address 580 Maple Ave. Ste 1 - Mail: P.O. Box 719			Street Address			
<sup>City</sup> Barrington	State RI	<sup>Zip</sup> 02806	City		State	Zıp
Secretary Name Daniel Lemos			Treasurer Name Daniel Lemos			
Street Address 580 Maple Ave. St	Street Address 580 Maple Ave. Ste 1 - Mail: P.O. Box 719					
City Barrington	State RI	<sup>Zip</sup> 02806	<sup>City</sup> Barringt	ton	State RI	<sup>Zip</sup> 02806
8. List ALL directors (names and ad Director Name Daniel Lemos	Check the box to indicate an attachment  Director Name None					
Street Address 580 Maple Avc. St	Street Address					
City Barrington	State RI	<sup>Z<sub>ip</sub></sup> 02806	City		State	Zıp
irector Name			Director Name None			
Street Address			Street Address			
City	State	Zip	City		State	Zip
9. Shares Authorized		10. Shares Issue	d		e box to indic	cate an attachment
This information is currently of record in the Department of State. Changes require an additional filing.		100 (		CLASS/SERIES Common	Common \$10 Par	
11. This report must be executed or	behalf of the co	Troration by an autl	horized represe	entative. If the corpora	ition is in the	hands of a receiver or

trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

statements, and that all statements contained herein are true and correct.

Name of Authorized Representative

Daniel Lemos

Cia al un al A Sant al B

Signature of Authorized Representative

MAIL TO: Division of Business Services

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

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