State of Rhode IslandFee: \$50.00Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040
Business Corporation
Annual Report
Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024
1. Corporate ID No. 000937916
2. Name of Corporation <u>Travassos's Distributors Inc</u>
3. Street Address Principal Business Office:
No. and Street: 43 CHARLESTOWN AVENUE
City or Town: WARWICK State: RI Zip: 02889 Country: USA
4. Business Phone No.
5616948107
5. State of Incorporation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>425120</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
INDEPENDENT DISTRIBUTOR OF GOODS
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Shares Authorized and Issued Class of Stock Series of Stock Par Value Per Share Total Authorized Shares Number of Shares CNP \$0.0000 100.00 Total Authorized of Shares This report must be executed on behalf of the corporation by an authorized represent e corporation is in the hands of a receiver or trustee, this report must be executed the corporation by the receiver or trustee. Signed this 19 Day of April, 2024 at 11:40:26 AM. This electronic signature of the ind dividuals signing this instrument constitutes the affirmation or acknowledgement of the outer penalties of perjury, that this instrument is that individual's act and deed or the act of the corporation, and that the facts stated herein are true, as of the date of the electronic impliance with R.I. Gen. Laws § 7-1.2. y <u>MICHAEL TRAVASSOS</u> Signature of Authorized Representative of the Corporation	Title	<u>_</u>		Address Address, City or Town, State, Zip Code, Country		
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