



STATE OF RHODE ISLAND
Department of Administration

STATE PROPERTIES COMMITTEE
One Capitol Hill
Providence, RI 02908

CERTIFICATE OF DISCLOSURE OF CORPORATION

I, \_\_\_\_\_, Secretary of \_\_\_\_\_, under oath make affidavit
(state full name of corporation)

and say that the following, the officers and directors of said \_\_\_\_\_ corporation,
(identify as business, non-business, professional)

having been duly elected and/or appointed to:

President \_\_\_\_\_

Vice President \_\_\_\_\_

Treasurer \_\_\_\_\_

Secretary \_\_\_\_\_

State of Incorporation \_\_\_\_\_

Principle Place of Business \_\_\_\_\_

DIRECTORS

Table with 2 columns: Name, Address. Multiple rows for listing directors.

STOCKHOLDERS

Table with 2 columns: Name, Address. Multiple rows for listing stockholders.

Property under consideration for purchase or lease to/from the State of Rhode Island covered by this
certificate: Location: 48-50 Orms St. Providence, RI 02904

State Offices Occupying Property (if any): \_\_\_\_\_

In witness whereof I have hereunto set my hand and the seal of the said \_\_\_\_\_,
(hereunto duly authorized) this \_\_\_\_\_ day of \_\_\_\_\_ 2026.

By \_\_\_\_\_, its Secretary.

STATE OF RHODE ISLAND
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2026.