

DELAWARE 2 0 2 3 DIVISION OF REVENUE CIT-HIC



INFORMATION RETURN HOLDING COMPANY / INVESTMENT COMPANY FORMERLY 1902(b)

	For Fiscal Year be	ginning		а	and ending		
Name of Corporation		0 0					
·					Taxpayer ID		
Delaware Street Address							
Delaware City		State	Delaware Zi	ip Code	State of Incorporation Date of Incorporation		
Mailing Address (if different than above)							
,							
City		State	Zip Code				
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PART I - GENERAL INFORMATION							
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1. Name and Taxpayer ID (SSN) of compensated employees working in					lame and Taxpayer ID (FEIN/ SSN) of owners (individual corporations) of re than 10% of the stock of the corporation whose Delaware individual or		
					porate income tax liability exceeded \$100,000 in any of the past three years.		
Name				Name	ne		
TPID	Full T	ime	Part Time	TPID			
Name	Tuil I	iiiic	T di C Tillic	Name			
TPID	Full T	imo	Part Time	TPID			
	Full I	iiile	Part Time				
Name	E 11.T		D. A.T.	Name			
TPID	Full T	ime	Part Time	TPID			
Name				Name			
TPID	Full T	ime	Part Time	TPID			
Name				Name			
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Name				Name	ne		
TPID	Full T	ime	Part Time	TPID			
Name				Name	ne		
TPID	Full T	ime	Part Time	TPID			
Name				Name	ne		
TPID	Full T	ime	Part Time	TPID			
PART II - QUESTIONS RELATING TO	O NON-EXEMPT AC	TIVITIES					
If any of the following are checked it would be an indication that the corporation is NOT exempt from Delaware corporate tax under Section 1902(b)(8), 30 DEL. C. (If checked, please provide a brief description.)							
1. Please check if corporation receive income from the following sources:							
Rental income from real property located within Delaware.							
Description							
Rental income from tangible personal property located within Delaware.							
Description	personal property	. CCGCCG VVII	Delaware.				
2. Did the corporation provide in Delaware any of the services listed below for an unaffiliated entity or an affiliated entity other than as part of the							
corporation's maintenance and n	nanagement of its	intangible	e assets? (If che	ecked, ple	lease provide a brief description.)		
a Accounting and Bookkeen	ing c C	oncultation	,		e Collections		

b. Legal

Description

f. Management

d. Investment Advice



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PART III - QUESTIONS RELATING TO EXEMPT ACTIVITIES

If you check any of the following, it would be an indication that the corporation is exempt from Delaware corporate tax under Section 1902(b)(8), 30 DEL. C. (If checked please provide a brief description.)

	come from any of the following sources? Please check the appropriate box for each source of income ed is in excess of \$1 million, provide a description of the activity performed in Delaware with regard to
a. Interest on notes secured by real estate mortg	ages.
Description	
b. Interest on all other debt obligations.	
Description	
c. Dividends.	
Description	
d. Patents, patent applications, trademarks, trade	e names and know-how.
Description	
e. Gain on the sale of intangible investments.	
Description	
f. Rental income from real property located outsi	de of Delaware.
Description	Alexander de Marida e Contrara
g. Rental income from tangible personal property	rocated outside of Delaware.
Description	
	side of Delaware other than described in Question 1 above: (If yes, please describe.)
Yes No Description	
PART IV - ADDITIONAL INFORMATION Did the corporation have any source of income other than (If yes, please describe the source of income and the active Description	n the sources of income described in Parts II and III above? vity in Delaware relating to it.) Yes No
BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FO Under penalties of perjury, I declare that I have examined this return, including accomp statements, and believe it is true, correct and complete. If prepared by a person other than based on all information of which the preparer has any knowledge	panying schedules and taxpayer, the declaration is
	⊞ DATE
TITLE OF OFFICER	
	MAIL COMPLETED FORM TO:
∠ PHONE NUMBER √ PHONE NUMBER	Delaware Division of Revenue PO Box 2044 Wilmington, DE 19899-2044
@ EMAIL ADDRESS	