

provision of the Labor Code.

STATE OF CALIFORNIA

CORPORATION

Office of the Secretary of State

STATEMENT OF INFORMATION

BA20250152401

For Office Use Only



File No.: BA20250152401

| CLIFFORN | 1500 11th S | o, California 95814 | | | | File No.: BA20250152401 Date Filed: 1/22/2025 |
|---|-------------------|---|---------|---|---------------------------------|---|
| Entity Details | | | | | | |
| Corporation Name | | | | New | mark Support Group Inc | |
| Entity No. | | | | 6542512 | | |
| Formed In | | | | CALIFORNIA | | |
| Street Address of Princi | - | orporation | | | | |
| Principal Address | | | | | RICH CIRCLE AVILLE, CA 95687 | |
| Mailing Address of Corp | ooration | | | | | |
| Mailing Address | | | | | RICH CIRCLE AVILLE, CA 95687 | |
| Attention | | | | | ard Hewitt | |
| Street Address of Califo | ornia Office of C | Corporation | | | | |
| Street Address of California Office | | | | | RICH CIRCLE AVILLE, CA 95687 | |
| Officers | | | | | | |
| Officer Name | | Officer Address | | Position(s) | | |
| + Bernard Joh | n Hewitt | 817 RICH CIRCLE VACAVILLE, CA 95687 | Chie | Chief Executive Officer, Chief Financial Officer, Secretary | | |
| Additional Officers | | | | | | |
| Officer Name | | Officer Address | 3 | Position | | Stated Position |
| | | | None En | tere | | |
| Directors | | | | | | |
| Director Name | | | | Director Address | | |
| + Bernard John Hewitt | | | | 817 RICH CIRCLE VACAVILLE, CA 95687 | | |
| The number of va | acancies on | Board of Directors is: 0 | ļ | | | |
| Agent for Service of Pro | ocess | | | | | |
| Agent Name | | | | Bernard Hewitt | | |
| Agent Address | | | | 817 RICH CIRCLE VACAVILLE, CA 95687 | | |
| Type of Business | | | | | | |
| Type of Business | | | (| Cons | sulting | |
| Email Notifications Opt-in Email Notifications | | | | Yes, I opt-in to receive entity notifications via email. | | |
| | | Corporation has an outsta w, for which no appeal the | | | | e Division of Labor Standards of any wage order or |

| Electronic Signature | | | | | | |
|--|------------|--|--|--|--|--|
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | | | |
| | | | | | | |
| Bernard Hewitt | 01/22/2025 | | | | | |
| Signature | Date | | | | | |
| | | | | | | |