

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

Providence, RI
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00. • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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. 7-1.2-150) subject to a penalty fee of \$25.00.

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1. çorporate 11) No. 98236	2. Name of Corpor	crazy burs	IRK INC.		
3. Street Address Principal Busine	nss Office		City Narr.	State 2I	32882
1. Business Phone No.		5. State of Incorporation	RT.		
. Brief Description of the Charac	ter of Business Conducte	ed in Rhode Island		·	
7. NAMES AND ADDRESS	ES OF THE OFFIC	ERS: ("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN SI	PACES BEFORE USING A	ATTACHMENTS
resident Name Micha	el Max	ON	Vice President Name	. n. 0	
Street Address 39 Haz	ard Aug		Street Address	INC	
wakefield	State FI	^{Zip} 03-879	СИУ	State	Zip
Secretary Name			Treasurer Name		
Street Address SAM			Street Address Sawe		
City.	State	Zip	City	State	Zip
•					
Director Name	_	CTORS: ("X" BOX FOR ATT	TACHMENT) FILL IN Director Name	SPACES BEFORE USING	G ATTACHMENTS
Street Address Same			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
СӉу	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	<u>[</u> ;	ı		 <i>("X" BOX FOR ATTACH</i> TION <u>MUST</u> BE COMPLETED	IMENT)
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.		None	CNP	<i>\$0</i>	
100					
This report must be execu	ted on behalf of the	c corporation by an authorize	ed representative. If the co	orporation is in the hands	of a receiver or trustee.
this report must be execute	ed on behalf of the	corporation by the receiver	or trustee.		
				rjury, I declare and affirm th	
2 /	0 10		contained herein ar	npanying schedules and state true and correct	
File Date	7-07		_/Mih	a Mos	< 1-23.0
Check No	28	ma, commence	Signature VA TC IA CA	ol Ma	Date ✓✓) [N]
By:	nnc	<u> </u>	Print or Type Name		
FOR SECRETARY OF	STATE USE ONLY		_ Own	120	
			Title	· ·	