

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. 901-7	83-1810	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} 02-879	СИУ	State	Zip
Secretary Name			Treasurer Name		
Street Address SAN			Street Address SAWL		
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		
Сйу	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
СӉу	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	,	I		 <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	ants, community	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	· ·	