

A. Ralph Mollis, Secretary of State Corporations Division 148 W. Rwer Street Providence, RI 02904-2615 401.222,3040

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1. Corporate 1D No. 34193	RIDE, Înc.	2. Name of Corporation RIDE, Inc.				
3. Street Address Principal PO Box 729	Business Office		City Coventry	State RI	<i>Zip</i> 02816	
4. Business Phone No. 401-392-1990 5. State of Incorporation Rhode Island			7530 <u>5</u>			
 Brief Description of the C General Manufactur 	Character of Business Condi	icted in Rhode Island		The state of the s	· · · · · · · · · · · · · · · · · · ·	
7. NAMES AND ADD	RESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	ACHMENT) 🗌 FILL I	N SPACES BEFORE USING	ATTACHMENTS	
President Name Russell ide			Vice President Name Russell Ide			
Street Address PO Box 729			Street Address PO Box 729			
City Coventry	State RI	^{Zip} 02816	City Coventry	State RI	^{Zip} 02816	
ecretary Name Russell Ide			Treasurer Name Russell Ide		102010	
Street Address PO Box 729			Street Address PO Box 729			
Coventry	State RI	^{Zip} 02816	Coventry	State RI	<i>Ζip</i> 02816	
J. NAMES AND ADD: Director Name Russell Ide	RESSES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL Director Name	IN SPACES BEFORE USIN	IG ATTACHMENTS	
PO Box 729			Street Address			
Coventry	State RI	<i>zip</i> 02816	City	State	Zip	
Director Name	*****************************	•••••••••••••••••••••••••••••••••••••••	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class Series	Par Value	
			600	Common	None	
his report must be extra report must be extra	ecuted on behalf of the	ne corporation by an authorize corporation by the receiver	ed representative. If the or trustee.	corporation is in the hand	s of a receiver or tr	

	FILED
	1 1 fee las 140
File Date Check No.	MAR 09 2010
BBY	6520
FOR	SECRETARY OF STATE USE ONLY

Under penalty of periory I declare	and affirm that I have examined this re
including any accompanying sched	ules and statements, and that all statem
contained herein are true and correct	3/8/10
Signature	Date
Russell Ide	
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08