



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

AMENDED

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 521663		2. Exact name of the Corporation DIG-6IT BEACH GEAR INC.			
3. Principal office address 18 LONGWOOD AVE.		City N. PROVIDENCE	State RI	Zip 02911	
4. Business Phone No. 401-486-5824		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island MANUFACTURER AND DISTRIBUTOR OF BEACH GEAR PRODUCTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name FREDERICK J. PAOLUCCI			Vice-President Name		
Street Address 18 LONGWOOD AVE			Street Address		
City N. PROVIDENCE	State RI	Zip 02911	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 100	CLASS/SERIES	PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

FILED

AUG 20 2012

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Date

FREDERICK J. PAOLUCCI
Print or Type Name of Authorized Representative

8-20-12