



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 60449		2. Exact name of the Corporation Ski General, Inc.			
3. Principal office address 548 Kingstown Road		City Wakefield		State R.I.	Zip 02879
4. Business Phone No. 401-782-2565		5. State of Incorporation R.I.			
6. Brief description of the character of business conducted in Rhode Island retail					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Myron Guttin			Vice-President Name Rosalie Guttin		
Street Address 121 Narragansett Ave.			Street Address 121 Narragansett Ave		
City Narragansett	State R.I.	Zip 02882	City Narragansett	State R.I.	Zip 02882
Secretary Name Myron Guttin			Treasurer Name Rosalie Guttin		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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) <input type="checkbox"/>		
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		0

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 _____

FILED

Check No _____

By: _____

FEB 26 2013

FOR SECRETARY OF STATE USE ONLY

BY 3133

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.

Rosalie Guttin
Signature of Authorized Representative

2-25-13
Date

ROSALIE GUTTIN
Print or Type Name of Authorized Representative