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 2014

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.	2. Exact name of the Corporation
20823	Quack Decoy Corporation

3. Principal office address	City	State	Zip
4 Ann & Hope way	Cumberland	R.I.	02864

4. Business Phone No.	5. State of Incorporation
(401)723-8202	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Sales and distribution of sporting goods including gift items.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Kenneth M Gagnon Sr.	p.o. box 98	Cumberland	R.I.	02864

Vice-President Name	Street Address	City	State	Zip
Kenneth M Gagnon Jr.	4 Longmeadow road	Lincoln	R.I.	02865

Secretary Name	Street Address	City	State	Zip
Kenneth M Gagnon Sr.	same			

Treasurer Name	Street Address	City	State	Zip
Kenneth M Gagnon Sr.	Same			

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Kenneth M Gagnon Sr.	P.O. box 98	Cumberland	R.I.	02864

Director Name	Street Address	City	State	Zip
Kenneth M Gagnon Jr.	4 Longmeadow Road	Lincoln	R.I.	02865

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Heidi E Gagnon	3 Heidi Road	Lincoln	R.I.	02865

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	Com.	No 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
MAR 11 2014
BY 1600

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.

Kenneth M Gagnon Sr. 3-10-14
Signature of Authorized Representative — Date

KENNETH M. GAGNON SR. Pres/CEO
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012