



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 2015

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. 541976		2. Exact name of the Corporation AMERICAN PROMOTIONAL EVENTS, INC. - EAST								
3. Principal office address 4511 HELTON DRIVE		City FLORENCE		State AL	Zip 35630					
4. Business Phone No. 256-764-6131		5. State of Incorporation ALABAMA								
6. Brief description of the character of business conducted in Rhode Island WHOLESALE AND RETAIL SALES - FIREWORKS										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name THOMAS GLASGOW			Vice-President Name PETER YU							
Street Address 4511 HELTON DRIVE			Street Address 4511 HELTON DRIVE							
City FLORENCE	State AL	Zip 35630	City FLORENCE	State AL	Zip 35630					
Secretary Name KIM KRAFT			Treasurer Name KIM KFRAFT							
Street Address 4511 HELTON DRIVE			Street Address 4511 HELTON DRIVE							
City FLORENCE	State AL	Zip 35630	City FLORENCE	State AL	Zip 35630					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name TERRY ANDERSON			Director Name JOEL ANDERSON							
Street Address 4511 HELTON DRIVE			Street Address 4511 HELTON DRIVE							
City FLORENCE	State AL	Zip 35630	City FLORENCE	State AL	Zip 35630					
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		
						20,000	VOTING/COM	\$1.00		
1,980,000		NON/VOTING/CO	\$1.00							

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

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.

KIM 2-20-15
 Signature of Authorized Representative Date

KIM KRAFT

Print or Type Name of Authorized Representative

FILED

FEB 25 2015

0070103