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 2016

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		
31940	Snack Time Vending Inc		
3. Principal office address	City	State	Zip
100 Bellows St Suite 9	Warwick	RI	02888
4. Business Phone No.	5. State of Incorporation		
401 785 2924	Rhode Island		

6. Brief description of the character of business conducted in Rhode Island

Selling Snacks, Drinks Coffee Soda in Vending Machines

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

President Name			Vice-President Name		
Dennis P Gamelin			Scott M. Gamelin		
Street Address			Street Address		
359 Hillsdale Rd			11 Chelsea Farm Rd		
City	State	Zip	City	State	Zip
Richmond	RI	02892	Richmond	RI	02898
Secretary Name			Treasurer Name		
Kathleen M. Gamelin			Kathleen M. Gamelin		
Street Address			Street Address		
359 Hillsdale Rd			359 Hillsdale Rd		
City	State	Zip	City	State	Zip
Richmond	RI	02892	Richmond	RI	02892

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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	800	Common	None

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
JAN 20 2016
9485

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.

Dennis P Gamelin — 1-18-2016
Signature of Authorized Representative — Date

Dennis P. Gamelin
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012