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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
11898	**THE SKI SHOP PLUS**

3. Principal office address	City	State	Zip
859 Eddie Dowling Hwy	**North Smithfield**	**RI**	**02896**

4. Business Phone No.	5. State of Incorporation
401-766-2003	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Retail sales of ski, snowboard and winter related equipment and clothing

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

President Name	Vice-President Name
William J Higginson Jr	**William J Higginson Jr**
Street Address: **859 Eddie Dowling Hwy**	Street Address: **859 Eddie Dowling Hwy**
City: **North Smithfield** State: **RI** Zip: **02896**	City: State: Zip:
Secretary Name: **William J Higginson Jr**	Treasurer Name: **William J Higginson Jr**
Street Address: **859 Eddie Dowling Hwy**	Street Address: **859 Eddie Dowling Hwy**
City: **North Smithfield** State: Zip:	City: **North Smithfield** State: Zip:

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

Director Name	Director Name
Ramona Mitris	**William J Higginson Jr**
Street Address: **859 Eddie Dowling Hwy**	Street Address: **859 Eddie Dowling Hwy**
City: **North Smithfield** State: **RI** Zip: **02896**	City: **North Smithfield** State: **RI** Zip: **02896**
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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
500	common	$0.00

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SECRETARY OF STATE
CORPORATIONS DIV

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.

William J Higginson Jr 2-28-16
Signature of Authorized Representative Date

William J Higginson Jr
Print or Type Name of Authorized Representative

FILED
FEB 29 2016
BY 268798

Form No. 630
Revised: 01/2012

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