RI SOS Filing Number: 201696996440 Date: 05/04/2016 11:20 AM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
2016 MAY -4 AM 11:18
SECRETARY OF STATE
CORPORATIONS DIV.

Profit Corporation Annual Report for the year: 2016
Filing period: January 1 - March 1
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE**

1. Entity ID Number	2. Exact name of the Corporation			
000201692	RE MANAGEMENT, INC.			
3. Principal Office Address		City	State	Zip
PO BOX 119		ALBION	RI	02802
4. Business Phone Number		5. State of Incorporation		
401-742-0392		RI		

6. Brief description of the character of business conducted in Rhode Island
ENGAGING IN E-COMMERCE RETAIL

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
RICHARD BLANCHARD	161 JENCKES HILL RD	LINCOLN	RI	02865

Vice-President Name	Street Address	City	State	Zip
ELAINE BLANCHARD	161 JENCKES HILL RD	LINCOLN	RI	02865

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100		.01

11. 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.
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.

Name of Authorized Representative	Date
RICHARD R. BLANCHARD	5-4-2016

Signature of Authorized Representative
Richard R Blanchard SIGN DOCUMENT HERE

FILED
MAY 04 2016
BY 273514
11:20

Form No. 630
Revised: 2016
136550-2-1110328