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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: \$50.00

→ Filing Fee: \$50.00 → Penalty: Additional \$2	5.00 fee if form is no	t filed by April 1.					
1. Entity ID Number		Exact name of the Corporation Republic Outfitters Inc					
3. Principal Office Address 438 Atlantic Ave			City Westerly		State RI	Zip 02891	
4. Business Phone Number:	6. Brief descr	ption of the chara	cter of business c	onducted in Rhod	e Island		
617-549-6273	Film produc	Film production equipment rental.					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names a	nd addresses)			Ch∈	eck the box to indi	cate an attachment 🔲	
President Name Steve Oare	Vice-President Name						
Street Address 184 Everett S	Street Address						
^{City} Allston	State MA	^{Zip} 02134	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address 2				
City	State	Zip	City		State		
8. List ALL directors (names	and addresses)			Che	eck the box to indi	cate an attachment	
Director Name Steve Oare			Director Name				
Street Address 184 Everett St			Street Address				
^{City} Allston	State MA	^{Zip} 02134	City	City		.Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Is				cate an attachment 🔲	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES 2000		CLASS/SE CNP		PAR VALUE	
11. This report must be exec					rporation is in the	hands of a receiver or	
trustee, this report must be e Under penalty of perjury, I	declare and affirm t	hat I have examir	ed this report, is	ustee. ncluding any acc	companying sch	edules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date / /							
MARC Anderson 12/6/16 Signature of Authorized Representative EIFD							
Signature of Authorized Rep	resentative	man na ana ana ana ana ana ana ana ana a	FILE)			
				010			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov