



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 994423		2. 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: 617-549-6273		6. Brief description of the character of business conducted in Rhode Island Film production equipment rental.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steve Oare			Vice-President Name		
Street Address 184 Everett St			Street Address		
City Allston	State MA	Zip 02134	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steve Oare			Director Name		
Street Address 184 Everett St			Street Address		
City Allston	State MA	Zip 02134	City	State	Zip
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 Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			2000 CNP .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 Mark Anderson				Date 12/6/16	
Signature of Authorized Representative 					

SIGN DOCUMENT HERE
FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

DEC 08 2016
By 290369
A.A. 11:08 A.M.

FORM 630 - Revised: 08/2016