RI SOS Filing Number: 201729674200 Date: 01/09/2017 9:48 AM

State of Rhode Island and Providence Plantations
**Department of State - Business Services Division**

**Annual Report for the year: 2017**
**Corporation**

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2017 JAN -9 AM 9:45

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| **000912456** | **Elite All Stars, Inc** | | |
| 3. Principal Office Address | City | State | Zip |
| **70 Industrial Drive** | **Cumberland** | **RI** | **02864** |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | |
| **44-45 - Retail Trade** | **Cheerleading instruction** | | |
| 5. State of Incorporation | | | |
| **RI** | | | |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name **Amity Berrios** | | | Vice-President Name **N/A** | | |
| Street Address **93 Bernice Ave** | | | Street Address | | |
| City **Woonsocket** | State **RI** | Zip **02895** | City | State | Zip |
| Secretary Name **N/A** | | | Treasurer Name **N/A** | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

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

**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 ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| **8000** | **stk** | **.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 |
|---|---|
| **Amity Berrios** | **12/17/2016** |

Signature of Authorized Representative: Amity Berrios SIGN DOCUMENT HERE

FILED
JAN 09 2017

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

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14364-2-1162419

**FORM 630 - Revised: 10/2016**