



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.

1. Entity ID Number 80413		2. Exact name of the Corporation Sound FX, Inc.			
3. Principal Office Address 339 Quaker Lane Route 2			City West Warwick	State RI	Zip 02893
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island To sell, service, repair and install automotive electronics and accessories			
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 Steven Medeiros			Vice-President Name Edward Medeiros		
Street Address 18 Quail Ridge Road			Street Address 15 Mason Avenue		
City Cranston	State RI	Zip 02921	City Bristol	State RI	Zip 02809
Secretary Name Lorraine C. Slaney			Treasurer Name Edward J. Marchwicki, Jr.		
Street Address 23 Royal Avenue			Street Address 222 Chestnut Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven Medeiros			Director Name		
Street Address 18 Quail Ridge Road			Street Address		
City Cranston	State RI	Zip 02921	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
			200	Common	No Par
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. <i>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.</i>					
Name of Authorized Representative Lorraine C. Slaney				Date January 16, 2017	
Signature of Authorized Representative 					

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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JAN 23 2017

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