RI SOS Filing Number: 201731139380 Date: 01/30/2017 4:00 PM

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

1. Entity ID Number	2. Exact name of the Corporation
1666941	**ZOBE, INC.**

3. Principal Office Address	City	State	Zip
141 Atwells Avenue	**Providence**	**RI**	**02903**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 - Retail Trade	**Sale of clothing and other merchandise**
5. State of Incorporation: **Rhode Island**	

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

President Name **Robert A. Antignano**			Vice-President Name **Rosalie P. Antignano**		
Street Address **141 Atwells Avenue**			Street Address **141 Atwells Avenue**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02903**
Secretary Name **Rosalie P. Antignano**			Treasurer Name **Robert A. Antignano**		
Street Address **141 Atwells Avenue**			Street Address **141 Atwells Avenue**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02903**

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

Director Name **None**			Director Name **None**		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name **None**			Director Name **None**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**100**	**Common**	**No Par**
Changes require an additional filing.			

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
Robert A. Antignano	1/10/17

Signature of Authorized Representative: [signature]

FILED

JAN 30 2017

BY _____

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

148630-6-1187381

FORM 630 - Revised: 10/2016