



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2016

## 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<br><u>31940</u>   |   | 2. Exact name of the Corporation<br><u>Snack Time Vending Inc.</u> |                              |                     |   |               |             |
| 3. Principal Office Address<br><u>100 BELLONS ST Suite 9</u>  |   | City<br><u>WARWICK</u>   | State<br><u>RI</u>           | Zip<br><u>02888</u> |   |               |             |
| 4. NAICS Code<br><u>01</u>  | 6. Brief description of the character of business conducted in Rhode Island<br><u>SELLING DRINKS + SNACKS IN VENDING machines</u> |  |                              |                     |   |               |             |
| 5. State of Incorporation<br><u>RI</u>  |   |  |                              |                     |   |               |             |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |  |                              |                     |   |               |             |
| President Name<br><u>DENNIS P. GAMELIN</u>  |   | Vice-President Name<br><u>SCOTT M. GAMELIN</u>                     |                              |                     |   |               |             |
| Street Address<br><u>359 HILLSDALE RD</u>   |   | Street Address<br><u>11 CHELSEA FARM RD</u>                        |                              |                     |   |               |             |
| City<br><u>West Kingston</u>  | State<br><u>RI</u>  | Zip<br><u>02892</u>  | City<br><u>Richmond</u>      | State<br><u>RI</u>  | Zip<br><u>02898</u>   |               |             |
| Secretary Name<br><u>KATHLEEN M. GAMELIN</u>  |   | Treasurer Name<br><u>KATHLEEN M. GAMELIN</u>                       |                              |                     |   |               |             |
| Street Address<br><u>359 HILLSDALE RD</u>   |   | Street Address<br><u>359 HILLSDALE RD</u>                          |                              |                     |   |               |             |
| City<br><u>West Kingston</u>  | State<br><u>RI</u>  | Zip<br><u>02892</u>  | City<br><u>West Kingston</u> | State<br><u>RI</u>  | Zip<br><u>02892</u>   |               |             |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |  |                              |                     |   |               |             |
| 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  |   |  |                              |                     | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |               |             |
| This information is currently of record in the Department of State.   |   |  |                              |                     | NUMBER OF SHARES  | CLASS/SERIES  | PAR VALUE   |
| Changes require an additional filing.   |   |  |                              |                     | <u>800</u>  | <u>Common</u> | <u>NONE</u> |
| 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.<br>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<br><u>DENNIS P. GAMELIN</u>   |   |  |                              |                     | Date<br><u>2-4-2017</u>   |               |             |
| Signature of Authorized Representative<br><u>Dennis P. Gamelin</u>  |   |  |                              |                     | <b>FILED</b> <u>52</u>  |               |             |

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FORM 630 - Revised: 10/2016