



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2013
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 38881		2. Exact name of the Corporation RENEGADE, INC.	
3. Principal Office Address 27 Seminole Street		City Warwick	State RI
		Zip 02889	
4. NAICS Code 53 - Real Estate and Rental anc	6. Brief description of the character of business conducted in Rhode Island Real estate holdings		
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 Robert Garafano		Vice-President Name Robert Garafano	
Street Address 27 Seminole Street		Street Address 27 Seminole Street	
City Warwick	State RI	Zip 02889	City Warwick
			State RI
			Zip 02889
Secretary Name Robert Garafano		Treasurer Name Robert Garafano	
Street Address 27 Seminole Street		Street Address 27 Seminole Street	
City Warwick	State RI	Zip 02889	City Warwick
			State RI
			Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		600	0.00
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 Robert Garafano		Date 1/18/17	
Signature of Authorized Representative <i>Robert Garafano</i>		SIGN DOCUMENT HERE FILED FEB 21 2017 296338 A.A. 1:13p.m	