RI SOS Filing Number: 201734509090 Date: 2/21/2017 1:09:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2009

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
38881	RENEGADE, INC.

3. Principal Office Address	City	State	Zip
27 Seminole Street	Warwick	RI	02889

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53 - Real Estate and Rental anc	Real estate holdings
5. State of Incorporation	
Rhode Island	

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

President Name	Vice-President Name
Robert Garafano	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 ☐

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
600	CNP	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	Date
Robert Garafano	1/18/17

Signature of Authorized Representative: Robert J. Garafano SIGN DOCUMENT HERE

FILED
FEB 21 2017
By 296338
A.A. 1:09 p.m.

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

FORM 630 - Revised: 10/2016