



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<br><b>1657107</b>   |   | 2. Exact name of the Corporation<br><b>AVALANCHE, LTD.</b>   |   |                          |                     |                  |              |           |            |            |             |  |  |  |
|---|---|--|---|--------------------------|---------------------|------------------|--------------|-----------|------------|------------|-------------|--|--|--|
| 3. Principal Office Address<br><b>8 FREEBODY STREET, P.O. BOX 549</b>   |   | City<br><b>NEWPORT</b>   |   | State<br><b>RI</b>       | Zip<br><b>02840</b> |                  |              |           |            |            |             |  |  |  |
| 4. NAICS Code<br><b>71 - Arts, Entertainment, and R</b>   | 6. Brief description of the character of business conducted in Rhode Island<br><b>THE ACQUISITION, OWNERSHIP AND MAINTENANCE OF YACHTS, BOATS AND VESSELS</b> |  |   |                          |                     |                  |              |           |            |            |             |  |  |  |
| 5. State of Incorporation<br><b>RI</b>  |   |  |   |                          |                     |                  |              |           |            |            |             |  |  |  |
| 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><b>John Thomas Holmes</b>   |   |  | Vice-President Name<br><b>Mary Kristen Holmes</b> |                          |                     |                  |              |           |            |            |             |  |  |  |
| Street Address<br><b>1800 Berkshire Road</b>  |   |  | Street Address<br><b>1800 Berkshire Road</b>      |                          |                     |                  |              |           |            |            |             |  |  |  |
| City<br><b>Gates Mills</b>  | State<br><b>OH</b>  | Zip<br><b>44040</b>  | City<br><b>Gates Mills</b>                        | State<br><b>OH</b>       | Zip<br><b>44040</b> |                  |              |           |            |            |             |  |  |  |
| Secretary Name  |   |  | Treasurer Name                                    |                          |                     |                  |              |           |            |            |             |  |  |  |
| Street Address  |   |  | Street Address                                    |                          |                     |                  |              |           |            |            |             |  |  |  |
| City  | State   | Zip  | City  | State                    | Zip                 |                  |              |           |            |            |             |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |  |   |                          |                     |                  |              |           |            |            |             |  |  |  |
| Director Name<br><b>John Thomas Holmes</b>  |   |  | Director Name<br><b>Mary Kristen Holmes</b>       |                          |                     |                  |              |           |            |            |             |  |  |  |
| Street Address<br><b>1800 Berkshire Road</b>  |   |  | Street Address<br><b>1800 Berkshire Road</b>      |                          |                     |                  |              |           |            |            |             |  |  |  |
| City<br><b>Gates Mills</b>  | State<br><b>OH</b>  | Zip<br><b>44040</b>  | City<br><b>Gates Mills</b>                        | State<br><b>OH</b>       | Zip<br><b>44040</b> |                  |              |           |            |            |             |  |  |  |
| Director Name   |   |  | Director Name                                     |                          |                     |                  |              |           |            |            |             |  |  |  |
| Street Address  |   |  | Street Address                                    |                          |                     |                  |              |           |            |            |             |  |  |  |
| City  | State   | Zip  | City  | State                    | Zip                 |                  |              |           |            |            |             |  |  |  |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.  |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |                          |                     |                  |              |           |            |            |             |  |  |  |
|   |   | <table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td><b>100</b></td><td><b>CNP</b></td><td><b>0.00</b></td></tr><tr><td></td><td></td><td></td></tr></tbody></table> |   |                          |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>100</b> | <b>CNP</b> | <b>0.00</b> |  |  |  |
| NUMBER OF SHARES  | CLASS/SERIES  | PAR VALUE  |   |                          |                     |                  |              |           |            |            |             |  |  |  |
| <b>100</b>  | <b>CNP</b>  | <b>0.00</b>  |   |                          |                     |                  |              |           |            |            |             |  |  |  |
|   |   |  |   |                          |                     |                  |              |           |            |            |             |  |  |  |
| 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 and all accompanying schedules and statements, and that all statements contained herein are true and correct.   |   |  |   |                          |                     |                  |              |           |            |            |             |  |  |  |
| Name of Authorized Representative<br><b>Thomas Holmes</b>   |   |  |   | Date<br><b>2/12/2017</b> |                     |                  |              |           |            |            |             |  |  |  |
| Signature of Authorized Representative<br><b>Thomas Holmes</b>  |   |  |   | <b>108917</b>            |                     |                  |              |           |            |            |             |  |  |  |

MAIL TO:  
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