RI SOS Filing I	Number: 2017 d Providence Plan	34615250	Date: 2/23/2017 4:00:00	PM	•
Department of Sta			ivision		
Annual Report for the ye Corporation	ar:20	17			
 → Filing period: January 1 - M → Filing Fee: \$50.00 → Penalty: Additional \$25.00 f 		2017	39		
Entity ID Number	2. Exact name o	f the Corporation		Ä	25_
00071800	Cu	· MENS	Wan INC	8	SEPC
3. Principal Office Address	prevot:	#2	City EAST PROVIDENCE	State W 3	14 Sept 14
4. NAICS Code	6. Brief descripti	on of the characte	r of business conducted in Rhod	•	< <u>></u>
99		. 1	2 2		Lu
5. State of Incorporation		Mens C	CONTING RET	4/1_	
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name CHAUG	7. TSONUS	Ś	Vice-President Name		
Street Address		W UC	Street Address		
city EAST PRANCENCE	State // (Zip 02916	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		-
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachm					an attachment
Director Name CHMUCS	S. Ts	phos	Director Name		
Street Address 75 LILSON ANOUE			Street Address		
City COST PHANTAGO	State MI.	Zip 019116	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

10. Shares Issued

NUMBER OF SHARES

900

statements, and that all statements contained herein are true and correct.

Name of Authorized Representative Signature of Authorized Representative

This information is currently of record in the

Changes require an additional filing.

Check the box to indicate an attachment

PAR VALUE

CLASS/SERIES

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

9. Shares Authorized

Department of State.

FORM 630 - Revised: 02/2017