



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.

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BUS SVCS DIV

2017 FEB 27 AM 10:47

1. Entity ID Number 147868		2. Exact name of the Corporation FIMA INVESTMENTS INC.			
3. Principal Office Address 1643 warwick ave.#265		City Warwick		State RI	Zip 02889
4. NAICS Code 53 - Real Estate and Rental	6. Brief description of the character of business conducted in Rhode Island real estate				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cassie Garrett			Vice-President Name Russell Garrett		
Street Address 1643 warwick ave.#265			Street Address 1643 warwick ave.#265		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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 attachment <input type="checkbox"/>					
Director Name Cassie Garrett			Director Name		
Street Address 1643 warwick ave.#265			Street Address		
City Warwick	State RI	Zip 02889	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 <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1000 0		
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 Russell Garrett					Date 2/27/2017
Signature of Authorized Representative 					

FILED

FEB 27 2017

BY

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