



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|---|--------------------|---|---|--------------------|---------------------|
| 1. Entity ID No. 541976 | | 2. Exact name of the Corporation AMERICAN PROMOTIONAL EVENTS, INC. - EAST | | | |
| 3. Principal office address 4511 HELTON DRIVE | | | City FLORENCE | State AL | Zip 35630 |
| 4. Business Phone No. 256-764-6131 | | | 5. State of Incorporation ALABAMA | | |
| 6. Brief description of the character of business conducted in Rhode Island WHOLESALE AND RETAIL SALES - FIREWORKS | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name THOMAS GLASGOW | | | Vice-President Name PETER YU | | |
| Street Address 4511 HELTON DRIVE | | | Street Address 4511 HELTON DRIVE | | |
| City FLORENCE | State AL | Zip 35630 | City FLORENCE | State AL | Zip 35630 |
| Secretary Name KIM KRAFT | | | Treasurer Name KIM KFRAFT | | |
| Street Address 4511 HELTON DRIVE | | | Street Address 4511 HELTON DRIVE | | |
| City FLORENCE | State AL | Zip 35630 | City FLORENCE | State AL | Zip 35630 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name TERRY ANDERSON | | | Director Name JOEL ANDERSON | | |
| Street Address 4511 HELTON DRIVE | | | Street Address 4511 HELTON DRIVE | | |
| City FLORENCE | State AL | Zip 35630 | City FLORENCE | State AL | Zip 35630 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 20,000 | VOTING/COM | \$1.00 |
| | | | 1,980,000 | NON/VOTING/CO | \$1.00 |

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 24 2017

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.

Signature of Authorized Representative

KIM KRAFT

Print or Type Name of Authorized Representative

2/28/17
Date