RI SOS Filing Number: 201737180430 Date: 3/1/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: Corporation

2017

→ Filing period: January 1 - March.1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

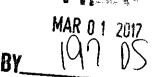
1. Entity ID Number	ntity ID Number 2. Exact name of the Corporation							
788798		PENMAX, INC.						
3. Principal Office Address			City		State	Zip		
33 CROSSLAND RD			WEST WAR	RWICK	RI	02893		
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island						
44-45 - Retail Trade	PURCHAS	PURCHASE AND SALE OF ANTIQUES.						
5. State of Incorporation		7						
RI	ł							
7. List ALL officers (names and	addresses)			Che	ck the box to i	ndicate an attachment 🔲		
President Name RODNEY S. CINQ-MARS			Vice-President Name RODNEY S. CINQ-MARS					
Street Address 33 CROSSLAND RD			Street Address 33 CROSSLAND RD					
City WEST WARWICK	State RI	<sup>Zip</sup> 02893	City WEST V	VARWICK	State RI	<sup>Zip</sup> 02893		
Secretary Name			Treasurer Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names an	d addresses)			Che	ck the box to i	ndicate an attachment		
Director Name			Director Name	•				
Street Address			Street Address					
City	State	Zip	City	-	State	Zip		
Director Name	1	<u> </u>	Director Name	?	I	····		
Street Address			Street Address					
City	State	Zip	City	· <u>-</u> ·	State	Zip		
9. Shares Authorized		10. Shares Iss	sued	Check the box to indicate an		ndicate an attachment 🔲		
This information is currently of record in the		NUMBER O	F SHARES	CLASS/SERIES		PAR VALUE		
Department of State.  Changes require an additional filing.		100		COMMON		NO PAR VALUE		
11. This report must be execute					rporation is in	the hands of a receiver or		
trustee, this report must be exe Under penalty of perjury, I de statements, and that all state	clare and affirm	that I have examin	ed this report, i		ompanying s	chedules and		
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date								
RODNEY S. CINQ-MARS								
Signature of Authorized Repres	entative			× -		,		
1.		· · · · · · · · · · · · · · · · · · ·	27	# i				

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