

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

STAMP

FOR

Corporation → Filing period: January 1 - March 1

→ Filing Fee: \$50.00

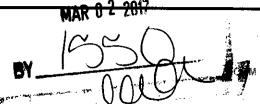
Penalty: Additional \$25.00 fe							
1. Entity ID Number 486053	1	xact name of the Corporation					
	Nispe, Inc.						
3. Principal Office Address			City		State	Zip	
38 Bellevue Avenue, Suite H			Newport		RI	02840	
4. NAICS Code	Brief descripti	6. Brief description of the character of business conducted in Rhode Island					
81 - Other Services (except Pul	Purchase and operation of sailing and motor vessels of all kinds						
5. State of Incorporation	1						
Rhode Island	İ						
7. List ALL officers (names and add	resses)			Check t	he box to ir	ndicate an attachment	
President Name Denise Cole	Vice-President Name						
Street Address 2503 S. Pine Terrace Lane			Street Address				
^{City} Liberty Lake	State WA	^{Zip} 99019-3260	City		State	Zip	
Secretary Name Steven M. McInnis			Treasurer Name Denise Cole				
Street Address 38 Bellevue Avenue, Suite H			Street Address 2503 S. Pine Terrace Lane				
City Newport	State RI	^{Zip} 02840	City Liberty Lake		State WA	^{Zip} 99019-3260	
8. List ALL directors (names and ad	dresses)				he box to in	ndicate an attachment	
Director Name Denise Cole			Director Name				
Street Address 2503 S. Pine Terrace Lane			Street Address				
Liberty Lake	State WA	^{Zip} 99019-3260	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue	d	Check th	ne box to in	dicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SH	ARES	CLASS/SERIES		PAR VALUE	
		100		Common		\$.01 Par	
Changes require an additional filing.							
11. This report must be executed on	behalf of the cor	poration by an auth	horized repres	sentative. If the corpora	ation is in th	ne hands of a receiver or	
rustee, this report must be executed	on behalf of the	corporation by the	e receiver or tro	rustee.			
Under penalty of perjury, I declare statements, and that all statement	ts contained her	i nave examined rein are true and c	this report, ii correct.	ncluding any accomp		hedules and	
Name of Authorized Representative					Date		
Denise Cole				-4 FR	21	6-117	
Signature of Authorized Representati				FILEU	<u> </u>		
Circle L	C	SIGN DOCU	MENT HEI	RE			

MAIL TO:

Division of Business Services

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

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



V 630 - Revised, 10/2016