



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.

1. Entity ID Number 123313		2. Exact name of the Corporation AMMO-SAFE, INC.			
3. Principal Office Address P.O. Box 3711			City Cranston	State RI	Zip 02910
4. NAICS Code 54 - Professional, Scientific, and		6. Brief description of the character of business conducted in Rhode Island THE PRODUCTION OF DOCUMENTS AND OFFERING CONSULTING SERVICES REGARDING GUN SAFETY			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert R. Barber, Sr.			Vice-President Name Valerie Barber		
Street Address P.O. Box 3711			Street Address P.O. Box 3711		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Valerie Barber			Treasurer Name Robert R. Barber, Sr.		
Street Address P.O. Box 3711			Street Address P.O. Box 3711		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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 1,950	CLASS/SERIES Common	PAR VALUE No Par
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 Robert R. Barber, Sr.				Date ✓	
Signature of Authorized Representative <i>Robert R. Barber, Sr.</i>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

By