RI SOS Filing Number: 201740476050 Date: 4/10/2017 4:00:00 PM

Corporation → Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$25. 1. Entity ID Number 000796097 3. Principal Office Address 27 Great Oak Drive 4. NAICS Code 42 - Wholesale Trade 5. State of Incorporation RI 7. List ALL officers (names and President Name Richard Polish Street Address	2. Exact nat Richard Po	me of the Corporation of the chara	City Warwick cter of business conducted	State RI in Rhode Island	Zip 02886	<u> </u>
000796097 3. Principal Office Address 27 Great Oak Drive 4. NAICS Code 42 - Wholesale Trade 5. State of Incorporation RI 7. List ALL officers (names and President Name Richard Polish	6. Brief desc	olish Ltd	City Warwick cter of business conducted	RI	1 '	6
27 Great Oak Drive 4. NAICS Code 42 - Wholesale Trade 5. State of Incorporation RI 7. List ALL officers (names and President Name Richard Polish	Apparel S		Warwick cter of business conducted	RI	1 '	6
42 - Wholesale Trade 5. State of Incorporation RI 7. List ALL officers (names and President Name) Richard Polish	Apparel S			in Rhode Island	<u>'</u>	
President Name Richard Polish	d addresses)	6. Brief description of the character of business conducted in Rhode Island Apparel Sales Representative				
	•		Check the box to indicate an attachment Vice-President Name			
Street Address 27 Great Oak Drive			Street Address			
City Warwick	State RI	^{Zip} 02886	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names ar	nd addresses)		<u>'</u>	Check the box	to indicate an attac	hment
Director Name			Director Name		APR	
Street Address			Street Address		10	
City	State	Zip	City	State	70 Zip, ***	Ë
Director Name			Director Name		2; 0	- - - 1
Street Address			Street Address		F	
City	State	Zip	City	State	Zip	
Shares Authorized 10. Shares Iss is information is currently of record in the				Check the box	to indicate an attac	hment [

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

arol : <u> 10 118</u>

Changes require an additional filing.

Signature of Authorized Representative

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: 02/2017