



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 21202		2. Exact name of the Corporation MAPLEVILLE MAIN INC			
3. Principal Office Address 715 RAILROAD AVENUE			City RUTHERFORDTON	State NC	Zip 28139
4. NAICS Code 531	6. Brief description of the character of business conducted in Rhode Island RENTAL BUSINESS PROPERTY AT 120 MAPLEVILLE MAIN MAPLEVILLE RI				
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHARLOTTA GRAHS			Vice-President Name		
Street Address JOHAN KOCKSGATAN 10			Street Address		
City TRELLEBORG	State SWEDEN	Zip SE-231 22	City	State	Zip
Secretary Name THOMAS YACZIK			Treasurer Name		
Street Address 15701 CENTENNIAL DRIVE			Street Address		
City NORTHVILLE	State MI	Zip 48168	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CHARLOTTA GRAHS			Director Name NIKLAS JOHANSSON		
Street Address JOHAN KOCKSGATAN 10			Street Address JOHAN KOCKSGATAN 10		
City TRELLEBORG	State SWEDEN	Zip SE-231 22	City TRELLEBORG	State SWEDEN	Zip SE-231 22
Director Name IVAR LEIJONBERG			Director Name		
Street Address JOHAN KOCKSGATAN 10			Street Address		
City TRELLEBORG	State SWEDEN	Zip SE-231 22	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1000	COMMON	1.0
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. <i>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.</i>					
Name of Authorized Representative THOMAS YACZIK				Date 4/20/2017	
Signature of Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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