



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.

FILED

AUG 07 2017

BY Joe 309785

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 AUG - 7 AM 11:44

1. Entity ID Number <u>001669154</u>		2. Exact name of the Corporation <u>Mighty Well Inc.</u>		11:44am	
3. Principal Office Address <u>45 Catherine St.</u>		City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	
4. NAICS Code <u>454110</u>	6. Brief description of the character of business conducted in Rhode Island <u>e-commerce apparel brand</u>				
5. State of Incorporation <u>DE</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Emily Levy</u>		Vice-President Name <u>Yousef Al-Humaidhi</u>			
Street Address <u>45 Catherine St</u>		Street Address <u>425 E 63rd st apt W1E</u>			
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>New York</u>	State <u>NY</u>	Zip <u>10065</u>
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Maria del Mar Gomez Vigella</u>		Director Name			
Street Address <u>30 Caldwell St.</u>		Street Address			
City <u>Boston</u>	State <u>MA</u>	Zip <u>02129</u>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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		CLASS/SERIES	PAR VALUE
		<u>1,000,000</u>		<u>Common</u>	<u>0.0001</u>
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. <u>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.</u>					
Name of Authorized Representative <u>Yousef Al-Humaidhi</u>				Date <u>8/7/17</u>	
Signature of Authorized Representative <u>[Signature]</u>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov