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BUS SVCS DIV
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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 000132051		2. Exact name of the Corporation SHOP IN AMERICA, INC			
3. Principal Office Address 1525 Mineral Springs Ave		City North Providence	State RI	Zip 02904	
4. NAICS Code 511199		6. Brief description of the character of business conducted in Rhode Island ADVERTISING & MARKETING MAGAZINE			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTHONY MANZO			Vice-President Name		
Street Address 1525 Mineral Springs Ave			Street Address N/A		
City N. Providence	State RI	Zip 02904	City	State	Zip
Secretary Name			Treasurer Name		
Street Address N/A			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			Director Name		
Street Address			Street Address		
City N/A	State	Zip	City N/A	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
		5,000			\$1
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 ANTHONY MANZO					Date
Signature of Authorized Representative <i>Anthony Manzo</i>					

FILED

SIGN DOCUMENT HERE

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