



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2017 DEC 18 AM 9:04

1. Entity ID Number <u>100689</u>		2. Exact name of the Corporation <u>BLACK STAR ENTERPRISE INC.</u>			
3. Principal Office Address <u>222 Kingston Rd</u>		City <u>WEST KINGSTON</u>	State <u>RI</u>	Zip <u>02892</u>	
4. NAICS Code <u>115210</u>		6. Brief description of the character of business conducted in Rhode Island <u>TO ENGAGE IN AGRICULTURE AND TRUCKING</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>DAVID A. STUKUS</u>			Vice-President Name		
Street Address <u>222 Kingston Rd</u>			Street Address		
City <u>WEST KINGSTON</u>	State <u>RI</u>	Zip <u>02892</u>	City	State	Zip
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>TREASURER DAVID A. STUKUS</u>			Director Name		
Street Address <u>222 Kingston Rd</u>			Street Address		
City <u>WEST KINGSTON</u>	State <u>RI</u>	Zip <u>02892</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>8000</u>		<u>0</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.					
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 <u>[Signature]</u>					Date <u>12-18-17</u>
Signature of Authorized Representative					

FILED ✓

DEC 18 2017

BY OR 319999

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