



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.

|  |                    |  |   |                    |                         |
|--|--------------------|--|---|--------------------|-------------------------|
| 1. Entity ID Number<br><b>608946</b>   |                    | 2. Exact name of the Corporation<br><b>Virgin &amp; Aged, Inc.</b>   |   |                    |                         |
| 3. Principal Office Address<br><b>395 Thames Street, Unit 5</b>  |                    |  | City<br><b>Newport</b>  | State<br><b>RI</b> | Zip<br><b>02840</b>     |
| 4. NAICS Code<br><b>445299</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Retail Sales of oils &amp; accessories</b> |   |                    |                         |
| 5. State of Incorporation<br><b>RI</b>   |                    |  |   |                    |                         |
| 7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                    |                         |
| President Name<br><b>Beth Remy</b>   |                    |  | Vice-President Name<br><b>Beth Remy</b>   |                    |                         |
| Street Address<br><b>228 Gibbs Avenue</b>  |                    |  | Street Address<br><b>228 Gibbs Avenue</b>   |                    |                         |
| City<br><b>Newport</b>   | State<br><b>RI</b> | Zip<br><b>02840</b>  | City<br><b>Newport</b>  | State<br><b>RI</b> | Zip<br><b>02840</b>     |
| Secretary Name<br><b>Beth Remy</b>   |                    |  | Treasurer Name<br><b>Beth Remy</b>  |                    |                         |
| Street Address<br><b>228 Gibbs Avenue</b>  |                    |  | Street Address<br><b>228 Gibbs Avenue</b>   |                    |                         |
| City<br><b>Newport</b>   | State<br><b>RI</b> | Zip<br><b>02840</b>  | City<br><b>Newport</b>  | State<br><b>RI</b> | Zip<br><b>02840</b>     |
| 8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                    |                         |
| Director Name<br><b>Beth Remy</b>  |                    |  | Director Name   |                    |                         |
| Street Address<br><b>228 Gibbs Avenue</b>  |                    |  | Street Address  |                    |                         |
| City<br><b>Newport</b>   | State<br><b>RI</b> | Zip<br><b>02840</b>  | City  | State              | Zip                     |
| Director Name  |                    |  | Director Name   |                    |                         |
| Street Address   |                    |  | Street Address  |                    |                         |
| City   | State              | Zip  | City  | State              | Zip                     |
| 9. Shares Authorized   |                    |  | 10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                         |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    |  | NUMBER OF SHARES  |                    |                         |
|  |                    |  | CLASS/SERIES  |                    |                         |
|  |                    |  | PAR VALUE   |                    |                         |
|  |                    |  |   |                    |                         |
|  |                    |  |   |                    |                         |
| 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.<br><b>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.</b> |                    |  |   |                    |                         |
| Name of Authorized Representative<br><b>Beth Remy</b>  |                    |  |   |                    | Date<br><b>12/13/17</b> |
| Signature of Authorized Representative<br>  |                    |  |   |                    |                         |