| State of Rhode Island and Department of Sta   |  |                 | /ision                   |                       |                   |                       |
|---|--|-----------------|--------------------------|-----------------------|-------------------|-----------------------|
| Annual Report for the year Corporation  | ar: <u>20</u>  | 18              |                          |                       |                   |                       |
| <ul> <li>→ Filing period: January 1 - M</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fe</li> </ul> |  | d by April 1.   |                          |                       |                   |                       |
| 1. Entity ID Number   | 2. Exact name of t   | he Corporation  |                          |                       |                   |                       |
| 001673627   | S+111  | under           | ink                      | CORP.                 |                   |                       |
| 3. Principal Office Address   | 1  | •               | City                     |                       | State             | Zip                   |
| 71 libera   | st   |                 | CRan                     |                       | RI                | 024.07                |
| 4. NAICS Code   | •  |                 |                          | inducted in Rhode 1st | and               |                       |
| 5. State of Incorporation   | tattoo shop  |                 |                          |                       |                   |                       |
| ₩Ĭ.   |  | ·               |                          |                       |                   |                       |
| 7. List ALL officers (names and add<br>President Name   | Check the box to indicate an attachment ☐  Vice-President Name |                 |                          |                       |                   |                       |
| John Bhogal   |  |                 |                          |                       |                   |                       |
| Street Address 18 Constitution St   |  |                 | Street Address           |                       |                   |                       |
| City Providence   | <del></del>  | Zip 07 07       | City                     |                       | State             | Zip                   |
| Secretary Name  |  | -               | Treasurer Nam            | e                     |                   |                       |
| Street Address  |  |                 | Street Address           |                       |                   |                       |
| City  | State  | Zip             | City                     |                       | State             | Zip                   |
| 8. List ALL directors (names and a  | ddresses)  |                 |                          | Check                 | the box to indic  | ate an attachment 🗆   |
| Director Name   |  |                 | Director Name            |                       |                   |                       |
| Street Address  |  |                 | Street Address           |                       |                   |                       |
| City  | State  | Zip             | City                     |                       | State             | Zip                   |
| Director Name   |  |                 | Director Name            |                       |                   |                       |
| Street Address  |  |                 | Street Address           |                       |                   |                       |
| City  | State  | Zip             | City                     |                       | State             | Zip                   |
| 9. Shares Authorized  |  | 10. Shares Issu |                          |                       |                   | cate an attachment    |
| Department of State.  |  | NUMBER OF S     | BER OF SHARES CLASS/SERI |                       | s T               | PAR VALLE             |
|   |  | 100             |                          |                       |                   |                       |
| Changes require an additional filing  | <b>]</b> .   |                 |                          |                       |                   |                       |
| 11. This report must be executed  |  |                 |                          |                       | pration is in the | hands of a receiver o |
| trustee, this report must be execu-<br>Under penalty of perjury, I deci   |  |                 |                          |                       | npanying sch      | edules and            |
| statements, and that all statem   | ents contained he  |                 |                          | <del>-</del> .        | Date              |                       |
| Name of Authorized Representative   |  |                 |                          |                       | Date /            | 5/18                  |
| Signature of Authorized Represen  | ntative  | 2)              | ()                       | 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 JAN U 5 2018

BY 1 321102

FORM 630 - Revised: 08/2017