



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>000152773</b>                                                                                                                                                                                                           |       | 2. Exact name of the Corporation<br><b>Amazar Americas, Inc.</b>                                                                        |                     |                    |                           |
| 3. Principal Office Address<br><b>One Kenney Drive</b>                                                                                                                                                                                            |       | City<br><b>Cranston</b>                                                                                                                 |                     | State<br><b>RI</b> | Zip<br><b>02920</b>       |
| 4. NAICS Code<br><b>44-45 Retail Trade</b>                                                                                                                                                                                                        |       | 6. Brief description of the character of business conducted in Rhode Island<br><b>Buy, sell, market and distribute various products</b> |                     |                    |                           |
| 5. State of Incorporation<br><b>RI</b>                                                                                                                                                                                                            |       | <b>454390</b>                                                                                                                           |                     |                    |                           |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>                                                                                         |       |                                                                                                                                         |                     |                    |                           |
| President Name                                                                                                                                                                                                                                    |       |                                                                                                                                         | Vice-President Name |                    |                           |
| Street Address                                                                                                                                                                                                                                    |       |                                                                                                                                         | Street Address      |                    |                           |
| City                                                                                                                                                                                                                                              | State | Zip                                                                                                                                     | City                | State              | Zip                       |
| Secretary Name                                                                                                                                                                                                                                    |       |                                                                                                                                         | Treasurer Name      |                    |                           |
| Street Address                                                                                                                                                                                                                                    |       |                                                                                                                                         | Street Address      |                    |                           |
| City                                                                                                                                                                                                                                              | State | Zip                                                                                                                                     | City                | State              | Zip                       |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                   |       |                                                                                                                                         |                     |                    |                           |
| 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 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.                                                                                                                                                                               |       | NUMBER OF SHARES                                                                                                                        |                     | CLASS/SERIES       | PAR VALUE                 |
|                                                                                                                                                                                                                                                   |       | 300                                                                                                                                     | Common              | NPV                |                           |
| Changes require an additional filing.                                                                                                                                                                                                             |       |                                                                                                                                         |                     |                    |                           |
| 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. |       |                                                                                                                                         |                     |                    |                           |
| <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>Robin A. Arsenault</b>                                                                                                                                                                                    |       |                                                                                                                                         |                     |                    | Date<br><b>01/12/2018</b> |
| Signature of Authorized Representative<br><i>Robin A. Arsenault</i> SIGN DOCUMENT HERE <b>FILED</b>                                                                                                                                               |       |                                                                                                                                         |                     |                    |                           |

## 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 18 2018

BY 274491 DS

FORM 630 - Revised: 10/2017

**Amazar Americas Inc.  
Officers & Directors**

**Officers:**

**Title: (Appointments renewed annually in March)**

Douglas P. Brown  
One Kenney Drive  
Cranston, RI 02920

Executive Vice President, Treasurer

Edward J. Capobianco  
One Kenney Drive  
Cranston, RI 02920

Corporate Secretary

Robin A. Arsenault  
One Kenney Drive  
Cranston, RI 02920

Assistant Corporate Secretary

**Directors:**

NONE – Amazar Americas Inc. is a Rhode Island Close Corporation and as such is not required to appoint directors.

**FILED**

**JAN 18 2018**

**BY**

27449105

#152773