RI SOS Filing Number: 201856949860 Date: 1/25/2018 4:00:00 PM

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	2. Exact name of the Corporation
54031	**Provisions Unlimited, Inc.**

3. Principal Office Address	City	State	Zip
c/o Gaschen Law Offices, 180 Little Pond County Road	**Cumberland**	**RI**	**02864**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722310	**Food Brokerage Services**
5. State of Incorporation: **RI**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Marcel Dumas**			Vice-President Name **Marcel Dumas**		
Street Address **POB 17039**			Street Address **POB 17039**		
City **Smithfield**	State **RI**	Zip **02917-0701**	City **Smithfield**	State **RI**	Zip **02917-0701**
Secretary Name **Michelle Dumas**			Treasurer Name **Michelle Dumas**		
Street Address **POB 17039**			Street Address **POB 17039**		
City **Smithfield**	State **RI**	Zip **02917-0701**	City **Smithfield**	State **RI**	Zip **02917-0701**

8. List ALL directors (names and addresses) — Check the box to indicate 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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	**Common**	**No Par**

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	Date
Marcel Dumas	1-16-18

Signature of Authorized Representative: Marcel Dumas

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 25 2018
BY 11249

FORM 630 - Revised: 10/2017