RI SOS Filing Number: 201857086780 Date: 1/29/2018 4:00:00 PM

State of Rhode Islan		Plantations less Services I	Division			
Annual Report for the Corporation		2018	-			
<ul> <li>→ Filing period: January</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty. Additional \$25</li> </ul>	1 - March 1					
Entity ID Number		ne of the Corporation	<u> </u>	· · · · · · · · · · · · · · · · · · ·		·
12415	C	row Fir	16/NIGS	60		
Principal Office Address		, , ,	City		State	Zip
14Sheldon	ST.		WEST	WARNICK	RIT	0289
4. NAICS Code 339910	6. Brief desc	ription of the charac	ter of business o	onducted in Rhode Is	sland	
5. State of Incorporation R工	Se	welry F	INI d I NIG	is mfg		
7 List ALL officers (names and addresses)			Check the box to indicate an attachment			
President Name RC DERT 1.		Vice-President Name  PANDAIL P SNOW				
Street Address 120 Hines FARM Rd			Street Address Shippee Aue			
City CRANSTON	State	Zip 02921	City	WARWICK	State	Z10 62 f93
Secretary Name ルじルモ	1 , 5		Treasurer Nan	neNone		1
Street Address			Street Address			, , , , , , , , , , , , , , , , , , , ,
City	State	Żip	City		State	Zıp
8. List ALL directors (names a	and addresses)	<u> </u>	<b>!</b>	Check	the box to in	ndicate an attachmeni
Director Name  Non	e		Director Name			
Street Address		·	Street Address	3	<del></del>	
City	State	Zıp	City		State	Zıp
Director Name	•	Director Name				
Street Address	Street Address					
City	State	Zıp	City		State	Zıp
9. Shares Authorized	<u> </u>	10. Shares Iss	ued	Check	the box to ir	ndicate an attachment
This information is currently of record in the		NUMBER OF	NUMBER OF SHARES		CLASS/SER/ES	
Department of State.		600	600		Com	
Changes require an additional filing. 600						
11. This report must be executively trustee, this report must be ex		· ·	•	·	ration is in t	he hands of a receive
Under penalty of perjury, I d	leclare and affirm	that I have examine	ed this report, in		panying so	chedules and
statements, and that all stat Name of Authorized Represer	lements contained ntative	herein are true and	d correct.		Date	
	**********				Logic	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

RCheRT B. Snow
Signature of Authorized Representative

Robert B Sman

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

JAN 29 2018

FORM 630 - Revised: 10/2017

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