RI SOS Filing Number: 201858311980 Date: 2/14/2018 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
000114264	AVIE'S SKI/SPORTS, INC.

3. Principal Office Address	City	State	Zip
100 Main Street	Westerly	RI	02891

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
71 3920	To engage in the business of selling ski equipment and general sports equipment.
5. State of Incorporation: Rhode Island	

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

President Name: Theodore R. Avedesian			Vice-President Name: Theodore R. Avedesian		
Street Address: 5 Eddy Street			Street Address: 5 Eddy Street		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891
Secretary Name: Theodore R. Avedesian			Treasurer Name: Theodore Avedesian		
Street Address: 5 Eddy Street			Street Address: 5 Eddy Street		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891

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

Director Name: Theodore R. Avedesian			Director Name		
Street Address: 5 Eddy Street			Street Address		
City: Westerly	State: RI	Zip: 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100		$

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
Theodore R. Avedesian	2-9-18

Signature of Authorized Representative: Theodore R. Avedesian — SIGN DOCUMENT HERE

FILED

FEB 14 2018

BY 12888 OS

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017