

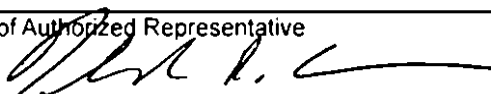


RI SOS Filing Number: 201858311980 Date: 2/14/2018 4:00:00 PM
State of Rhode Island and Providence Plantations

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 000114264		2. Exact name of the Corporation AVIE'S SKI/SPORTS, INC.			
3. Principal Office Address 100 Main Street		City Westerly		State RI	Zip 02891
4. NAICS Code 71 3920		6. Brief description of the character of business conducted in Rhode Island 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 Check the box to indicate an attachment ☐					
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		2	
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 Theodore R. Avedesian				Date 2-9-18	
Signature of Authorized Representative  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

FEB 14 2018
BY **12888 OS**

FORM 630 - Revised: 10/2017