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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1
 → Filing Fee: \$50.00

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

RECEIVED SECRETARY OF STATE CORPORATIONS DIVINIT

FORM 630 - Revised: 10/2017

2018 FEB 16 AM H: 53

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.							
1. Entity ID Number	2. Exact name of the Corporation						
1338863	Vea	M'S U	ands	<u>scapina</u>	+ De	STANS IN.	
3. Principal Office Address		J	City	` `	State	Zip	
43 02055r	nan =	truck 19	# Floor	Central FAI	S BE	06863	
4. NAICS Code				conducted in Rhode Is	sland		
26/120	Sea	sonal	LAMO	ts capin	a Sca	11/COM	
5. State of Incorporation])(- '	, , , , , ,	- (1)	15 Or IDITA	J ~ w	-11008	
RI							
7. List ALL officers (names and add	Iresses)	- · · · · · · · · · · · · · · · · · · ·	Dec. Buria		the box to inc	dicate an attachment 🔲	
President Name Forcisto 11000			Vice-President Name				
Street Address			Street Address				
43-Cxosman-57			[O. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
Cantant Eall	State 2	Zip	City		State	Zip	
Secretary Name	1 / 	102865	Treasurer Na	me			
Straat Addraga			Street Address				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name	Director Nam	***	the pox to mic	dicate an attachment			
Street Address			Charact Addison				
Street Address			Street Address				
City	State	Żip	City		State	Zıp	
Director Name	<u> </u>	<u> </u>	Director Nam	 e			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
			,			, '	
9. Shares Authorized This information is suggestly of recor	10. Shares Issued rd in the NUMBER OF SH						
This information is currently of record in the Department of State.					Ī	# 0.01	
Changes require an additional filing.		100		-		40.01	
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 FILED Date 2/11/2018							
Service of Authoritant Programmatative							
SIGN DOCUMEREBIER 2018							
The state of the s							
MAIL TO:	\	===	, 733.4	400			
Division of Business Services		8	Tarabana Tarabana	•			