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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 Corporation

STAMP

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

→ Penalty: Additional \$25.00 f	ee if form is no	ot filed by April 1.			_		
1 Entity ID Number 90789	2 Exact name of the Corporation THE OUTER LOOK, INC.						
3. Principal Office Address	<u> </u>			City State Zip			
850 AQUIDNECK AVENUE			MIDDLETO)WN	RI	02842	
4. NAICS Code 3. (29) 5. State of Incorporation RHODE ISLAND	J	iption of the charac		conducted in Rhode Is	sland		
7 List ALL officers (names and ad		Check the box to indicate an attachment					
President Name DONNA SPENCES	Vice-President Name DONNA SPENCER						
Street Address 850 AQUIDNECK A	Street Address 850 AQUIDNECK AVENUE						
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN		State RI	State RI Zip 02842	
Secretary Name DONNA SPENCER			Treasurer Name DONNA SPENCER				
Street Address 850 AQUIDNECK AVENUE			Street Address 850 AQUIDNECK AVENUE				
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN		State RI	State RI Zip 02842	
8 List ALL directors (names and a	ddresses)		1	Check	the box to	ndicate an attachment 🔲	
Director Name DONNA SPENCER			Director Name				
Street Address 850 AQUIDNECK AVENUE			Street Address				
City MIDDLETOWN	State RI	Zip 02842	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized 10. Sha		10. Shares Iss	Issued Chec		k the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBERO	F SHARES		C_ASS/SER ES PAR VALUE		
		200		COMMON		NO PAR VALUE	
Changes require an additional filing							
11. This report must be executed of trustee, this report must be executed to the executed the ex					ration is in	the hands of a receiver or	
Under penalty of perjury, I decla	re and affirm t	that I have examin	ed this report,	including any accon	npanying s	chedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	Date	
DONNA SPENCER					2-15-2018		
Signature of Authorized Represen	pers	sign do	COMENT HER	Fn	,		
	()		1 1		1		

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 2 0 2018

FORM 630 - Revised: 10/2017