RI SOS Filing Number: 201859049260 Date: 2/23/2018 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.

FILED STAP
FEB 2 3 2018
BY 36049

Entity ID Number	D Number 2. Exact name of the Corporation						
950888		SKIMETRIX GLOBAL, LTD.					
3. Principal Office Address	ffice Address				State	Zip	
222 RIVERSIDE DRIVE			TIVERTON		RI	02878	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
315280	MAKE OUT	MAKE OUTERWEAR					
State of Incorporation							
RI							
7. List ALL officers (names an	d addresses)				ck the box to inc	dicate an attachment 🔲	
President Name RAYMOND FOUGERE			Vice-President Name NONE				
Street Address 222 RIVERSIDI	Street Address						
City TIVERTON	State RI	^{Zip} 02878	City		State	Zip	
Secretary Name NONE			Treasurer Name NONE				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names a	ind addresses)		1	Che	ck the box to in	dicate an attachment	
Director Name NONE			Director Name NONE				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name NONE			Director Name NONE				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
9. Shares Authorized							
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		I	CLASS/SERIES PAR VALUE CWP \$0.25		
		1,000	1,000			\$0.25	
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						5-18	
Signature of Authorized Representative SIGN DOCUMENT HERE							
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Phone: (401) 222-3040 Website: www.sos.ri.gov