



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

STATE

FEB 23 2018

BY

36049

1. Entity ID Number 150391		2. Exact name of the Corporation SKIMETRIX, LTD.			
3. Principal Office Address 222 RIVERSIDE DRIVE			City TIVERTON	State RI	Zip 02878
4. NAICS Code 339920		6. Brief description of the character of business conducted in Rhode Island MANUFACTURING, DISTRIBUTION AND SALE OF SKI PRODUCTS.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name RAYMOND FOUGERE			Vice-President Name NONE		
Street Address 222 RIVERSIDE DRIVE			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 and addresses) Check the box to indicate 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	Zip
9. Shares Authorized 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	STK	\$0.00
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 RAYMOND FOUGERE					Date 2-5-18
Signature of Authorized Representative					
SIGN DOCUMENT HERE					