State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED STA.
FEB 23 2018
BY 36049

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	2. Exact name of the Corporation
150391	SKIMETRIX, LTD.

3. Principal Office Address	City	State	Zip
222 RIVERSIDE DRIVE	TIVERTON	RI	02878

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
339920	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	Vice-President Name
RAYMOND FOUGERE	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	Director Name
NONE	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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	STK	$0.00
Changes require an additional filing.			

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
RAYMOND FOUGERE	2-5-18
Signature of Authorized Representative: SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov