RI SOS Filing Number: 201859217560 Date: 2/26/2018 4:00:00 PM

Department of State - E	ousiness Services Divisio
Annual Report for the year:	2018

Corporation

Phone: (401) 222-3040

Website: www.sos.ri.gov

→ 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		<u> </u>		<u> </u>				
00009902		2. Exact name of the Corporation August W. Mende Inc.						
3. Principal Office Address	City State Zip							
235 Chalkstone A	Avenue		1 '	dence	R.I.	02908		
4. NAICS Code								
man D	Brief description of the character of business conducted in Rhode Island							
5. State of Incorporation	Genera	l Woodwork	ing					
Rhode Island	l							
7. List ALL officers (names and ac	ddrascas)			Char		-4 M		
President Name			Vice-Preside		ck the box to indic	ate an attachment		
	. Mende		Robert H. Mende					
Street Address 12 Bigelow	ss 12 Bigelow Road			Street Address 12 Bigelow Road				
City Johnston	State R.I.	Zip 02919	City Joh	nston	State R.I.	Zip 02919		
Secretary Name		1	Treasurer Na					
Robert H. Mende Robert H. Mende								
Street Address 12 Bigelov	n. Dood		Street Addre	Street Address 12 Bigelow Road				
City	State	Zip	City		State	Zip		
Johnston	R.I.	02919	Joh	inston	R.I.	02919		
8. List ALL directors (names and a Director Name	addresses)		Director Nam		k the box to indic	ate an attachment 🔲		
Susan Pac	gliaro		Director Ivan	ie .				
Street Address 22 Mowry	Augnijo		Street Addre	ss		<u> </u>		
Crty 22 MOWLY	State	Zip	City		State			
Johnston	R.I.	02919	City		State	Zip		
Director Name	•	····	Director Nam	ne				
Street Address			Street Addre			<u> </u>		
Ollege Address			Street Addres	33				
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issu	ed	Chec	k the boy to indic	ate an attachment		
This information is currently of reco	ord in the	NUMBER OF		CLASS/SER		PAR VALUE		
Department of State.		65	5 Common		no par value			
Changes require an additional filing	g.		-					
11. This report must be executed a	on hohalf of the o	osposation by an a	thorized sees	A section of the second				
 This report must be executed of trustee, this report must be executed 	ted on behalf of th	orporation by an at	imonzea repre ne receiver or	esentative. If the corp trustee.	poration is in the r	iands of a receiver or		
Under penalty of perjury, I decia	are and affirm th	at I have examine	d this report,		mpanying sched	dules and		
statements, and that all statements Name of Authorized Representative		erein are true and	correct.		Date			
Robert H. Mende					February 20,2018			
Signature of Authorized Represen	tative	1		FILES				
11/	1/12/11/11	SICHOC	UMENT HER	E				
MAIL TO:	y will	4. JV	<u> </u>	FED 3 6 2018	<u> </u>	 :		
MAIL TU: Division of Business Services				18484	1)\			
148 W. River Street, Providence, Rhod	le Island 02904-261	5	BY_	10 101	مسيلا			

FORM 630 - Revised: 10/2017