



RI SOS Filing Number: 201859217560 Date: 2/26/2018 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.

1. Entity ID Number 00009902		2. Exact name of the Corporation August W. Mende Inc.	
3. Principal Office Address 235 Chalkstone Avenue		City Providence	State R.I.
		Zip 02908	
4. NAICS Code 236990	6. Brief description of the character of business conducted in Rhode Island General Woodworking		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Shirley V. Mende		Vice-President Name Robert H. Mende	
Street Address 12 Bigelow Road		Street Address 12 Bigelow Road	
City Johnston	State R.I.	Zip 02919	City Johnston
		State R.I.	Zip 02919
Secretary Name Robert H. Mende		Treasurer Name Robert H. Mende	
Street Address 12 Bigelow Road		Street Address 12 Bigelow Road	
City Johnston	State R.I.	Zip 02919	City Johnston
		State R.I.	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Susan Pagliaro		Director Name	
Street Address 22 Mowry Avenue		Street Address	
City Johnston	State R.I.	Zip 02919	City
		State	Zip
Director Name		Director Name	
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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		165	Common
			no par value
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 Robert H. Mende		Date February 20, 2018	
Signature of Authorized Representative 		SIGN DOCUMENT HERE FILED FEB 20 2018 BY - 18484 DS	