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	2. Exact name of the Corporation			
70844	Rustic Warehouse, Inc.			
3. Principal Office Address		City	State	Zip
101Dexter Road		East Providence	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
493110	Distribution of furniture, accessories and paraphernalia.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jeffrey Meek			Vice-President Name: None		
Street Address: 101 Dexter Road			Street Address:		
City: East Providence	State: RI	Zip: 02914	City:	State:	Zip:
Secretary Name: Jeffrey Meek			Treasurer Name: None		
Street Address: 101 Dexter Road			Street Address:		
City: East Providence	State: RI	Zip: 02914	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2,000	Common	.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	Date
Jeffrey Meek	2/22/18
Signature of Authorized Representative	

FILED
FEB 28 2018
BY 38377 DS

MAIL TO:
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