RI SOS Filing Number: 201859551880 Date: 2/28/2018 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	2. Exact name of the Corporation
001675216	**SIGNATURE AUTOMOTIVE ACCESSORIES, INC.**

3. Principal Office Address	City	State	Zip
330 Providence Street	**West Warwick**	**RI**	**02893**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
423120	**Automotive Accessories**
5. State of Incorporation	
Rhode Island	**(774) 930-4118**

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

President Name	Street Address	City	State	Zip
Joseph Martin	**3753 N. Main Street**	**Fall River**	**MA**	**02720**

Vice-President Name	Street Address	City	State	Zip
Timothy Perpull	**80 Ponte Rd**	**Warwick**	**RI**	**02886**

Secretary Name	Street Address	City	State	Zip
Same				

Treasurer Name	Street Address	City	State	Zip
Same				

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

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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
0		**0**

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
Joseph Martin	**2/12/2018**

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

FEB 28 2018

BY 116847

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

FORM 630 - Revised: 10/2016