



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 MAR - 1 PM 1:31

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 132988		2. Exact name of the Corporation VINE-NUT SYSTEMS, INC.			
3. Principal Office Address 400 PUTNAM PIKE, J149			City SMITHFIELD		State RI
			Zip 02917		
4. NAICS Code 335122		6. Brief description of the character of business conducted in Rhode Island TO DEVELOP SALES AND MANUFACTURING OPPORTUNITIES TO PROVIDE TECHNICAL ASSISTANCE FOR NEW BUSINESS OPPORTUNITIES			
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 ANDREW GOLD			Vice-President Name ANDREW GOLD		
Street Address 400 PUTNAM PIKE, J149			Street Address SAME		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name ANDREW GOLD			Treasurer Name ANDREW GOLD		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANDREW GOLD			Director Name		
Street Address 400 PUTNAM PIKE, J149			Street Address		
City SMITHFIELD	State RI	Zip 02917	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		COMMON	NO PAR
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 ANDREW GOLD PRESIDENT					Date 2-28-18
Signature of Authorized Representative <i>Andrew R. Gold</i>					FILED SIGN DOCU MAR 01 2018

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