RI SOS Filing Number: 201859602780 Date: 3/1/2018 4:00:00 PM

(TE)

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

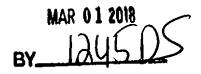
→ Penalty: Additional \$2	5.00 fee if form is no	ot filed by April 1.			_		
Entity ID Number		ne of the Corporation					
000006341	Dazzlin	Dazzlin Enterprises, inc.					
3. Principal Office Address			City		State	Zip	
191 Ten Rod Road, P.O. B	Exeter		RI	02822			
4. NAICS Code) ()	ription of the charac rt, Antiques and R		conducted in Rhode Is	sland	•	
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names a	and addresses)		le a service de		the box to in	ndicate an attachment 🔲	
President Name Scott Gordo	n		Vice-President Name Ruth Gordon				
Street Address 191 Ten Rod	Street Address 191 Ten Rod Road, P.O. Box 74						
City Exeter	State RI	Zip 02822	City Exeter		State RI Zip 02822		
Secretary Name Ruth Gordo	Treasurer Name Scott Gordon						
Street Address 191 Ten Rod	Street Address 191 Ten Rod Road, P.O. Box 74						
City Exeter	State RI	Zip 02822	City Exeter		State RI	^{Zip} 02822	
8. List ALL directors (names	and addresses)			Check	the box to in	ndicate an attachment	
Director Name			Director Name	•			
Street Address	Street Address						
City	State	Zip	City		State Zip		
Director Name		- 1	Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	I	10. Shares Iss	L sued	Check	the box to in	ndicate an attachment	
This information is currently	of record in the	NUMBER O					
Department of State.		1,000		Common	•	No Par Value	
Changes require an additiona	ıl filing.						
11. This report must be exec	cuted on behalf of the	corporation by an	authorized repres	I sentative. If the corpo	ration is in t	l the hands of a receiver or	
trustee, this report must be o	executed on behalf of	f the corporation by	the receiver or tr	rustee.			
Under penalty of perjury, I				ncluding any accon	npanying s	chedules and	
statements, and that all st		<u>i herein are true ar</u>	nd correct.		In-t-		
Name of Authorized Repres	entative			Date			
Scott Goordon					2/27/18		
Signature of Authorized Rep				-n CT			
Scott St	sidon/	SIGN DC	CUMENT HER	HED			

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: 10/2017