



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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

2018 MAR -1 PM 3:34

1 Entity ID Number 1674068		2 Exact name of the Corporation AMS Cumberland, Inc.												
3 Principal Office Address 4 Mendon Road			City Cumberland	State RI	Zip 02864									
4 NAICS Code 812199		6 Brief description of the character of business conducted in Rhode Island Tanning Salon												
5 State of Incorporation Rhode Island														
7 List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Albert J. Sinclair			Vice President Name Albert J. Sinclair											
Street Address 503 Chestnut Hill Road			Street Address 503 Chestnut Hill Road											
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814									
Secretary Name Albert J. Sinclair			Treasurer Name Albert J. Sinclair											
Street Address 503 Chestnut Hill Road			Street Address 503 Chestnut Hill Road											
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	50	Common	No Par Value			
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50	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. <i>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.</i>														
Name of Authorized Representative Albert J. Sinclair, President					Date 2/20/18									
Signature of Authorized Representative 														

FILED

MAR 01 2018

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