

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIME

2018 MAR -2 AM 10: 43

Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.0						<u> </u>	
1. Entity ID Number	2. Exact na	2. Exact name of the Corporation					
00/6/1836	2. Exact name of the Corporation						
3. Principal Office Address		/	City		State	Zıp	
577 Cra			Pro		R1	02907	
4. NAICS Code	6. Brief des	cription of the cha	racter of business co	nducted in Rhode I	Island	•	
45399/	- 1		co and	Unakall	cul		
5. State of Incorporation		MBAC	ec and	HUUKAH	מןט זו ב		
RI							
7. List ALL officers (names and		Check	the box to indi	cate an attachment			
President Name  RANDY DEFEY			Vice-President N	Vice-President Name			
Street Address	Street Address	Street Address					
RANDY DEFEX Street Address 9 4 WALLER ST							
City PROV	State R (	Zip 02-1	City		State	Zip	
Secretary Name	1 0 1	1027		Treasurer Name			
Street Address	Street Address						
City	State	Zip	City		State	Zip	
O Link All Latin and a Committee							
List ALL directors (names an Director Name	<u>a addresses)</u>		Director Name	Check	the box to indi	cate an attachment 🔲	
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
<u> </u>	Invita				10	1=:	
City	State	Zip	City		State	Zip	
9. Shares Authorized							
This information is currently of record in the Department of State.		NUMBER	R OF SHARES	CLASS/SERIE		PAR VALUE	
Changes require an additional filing.							
11. This report must be execute	d on behalf of th	e corporation by a	n authorized represer	ntative. If the corpo	pration is in the	hands of a receiver or	
trustee, this report must be exe	cuted on behalf of	of the corporation b	by the receiver or trus	stee.		_	
Under penalty of perjury, I de statements, and that all state				luding any accon	npanying sche	edules and	
Name of Authorized Represent		Date					
12			-/	2/1x			
Signature of Authorized Repres	entative		EII	ED		1 10	
		SIGN D	OCUMENT HEFEL				
MAIL YO:			- <del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</del>	9. 2018		<i>[</i>	

**Division of Business Services** 

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BY MCC 22994378

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