RI SOS Fil	ing Number: 20	1859697830	Date: 3/5/2018 4:	00:00 PM		
1 700 000 1	and and Providence F of State - Busin		Division			
Annual Report for the year: 2018		2018	_		•	
<ul> <li>→ Filing period: Januar</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$2</li> </ul>		ot filed by April 1.			•	
1 Entity ID Number 9521		2 Exact name of the Corporation Classical RI Holdings, Inc.				
3 Principal Office Address 18 Bourne Avenue			City Rumford	State RI	Zip 02916	
4 NAICS Code 1515 216 5 State of Incorporation Rhode Island			cter of business conducted in mpany and related matters			
7. List ALL officers (names a	and addresses)		Vice-President Name	Check the box to indic	ate an attachment I	
President Name Linda Jane Maaia			Linda Jane Maaia			
Street Address 18 Bourne Avenue			Street Address 18 Bourne Avenue			
<sup>City</sup> Rumford	State RI	<sup>Zip</sup> 02916	City Rumford	State RI	<sup>Zip</sup> 02916	
Secretary Name Linda Jane Maaia			Treasurer Name Linda Jane Maaia			
Street Address 18 Bourne Avenue			Street Address 18 Bourne Avenue			
City Rumfod	State RI	<sup>Zip</sup> 02916	City Rumford	State RI	<sup>Zıp</sup> 02916	
8 List ALL directors (names	and addresses)			Check the box to indic	ate an attachment (	
Director Name Linda Jane Maaia			Director Name			
Street Address 18 Bourne Avenue			Street Address			

Changes require an additional filing. 900 Common Class B 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 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

Director Name

Street Address

City

City

statements, and that all statements contained herein are true and correct.

State RI

State

<sup>Zrp</sup> 02916

Zıp

10 Shares Issued

100

NUMBER OF SHARES

Name of Authorized Representative Linda Jane Maaia, President

21 27 12018

Date

State

State

Common Class A

Signature of Authorized Regresentative

This information is currently of record in the

MAIL TO:

City Rumford

Director Name

Street Address

9. Shares Authorized

Department of State.

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.nigov

FORM 630 - Revised: 10/2017

Zip

Zıp

No Par Value

Check the box to indicate an attachment