



State of Rhode Island and Providence Plantations

Department of State - Business Services Division


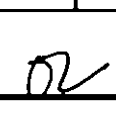
Annual Report for the year: **2018**
Corporation

STAMP

→ 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 52060		2. Exact name of the Corporation SHIPS WHEEL BRAND CORPORATION			
3. Principal Office Address 86 Tupelo Street			City Bristol	State RI	Zip 02809
4. NAICS Code 423990		6. Brief description of the character of business conducted in Rhode Island To engage in a cleaning supply distribution business.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Erik C. Warner			Vice-President Name Erik C. Warner		
Street Address 116 Nayatt Road			Street Address 116 Nayatt Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Erik C. Warner			Treasurer Name Erik C. Warner		
Street Address 116 Nayatt Road			Street Address 116 Nayatt Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	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 Erik C. Warner				Date 2 / 27 , 2018	
Signature of Authorized Representative  ON DOCUMENT HERE FILED 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 05 2018

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FORM 630 - Revised: 10/2017