RI SOS Filing Number: 201860249260 Date: 3/12/2018 4:00:00 PM

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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

Entity ID Number	2. Exact nan	2. Exact name of the Corporation						
123196	SKYEFIF	SKYEFIRE INTERNATIONAL, LTD.						
Principal Office Address	_		City	-	State	Zıp		
51 Hamilton Allenton Road			North King	gstown	RI	02852		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
448310	To import,	To import, purchase and sell at wholesale and/or retail jewelry and other similar products.						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names ar	nd addresses)	-		Chi	eck the box to indicate	e an attachment 🗖		
President Name Diane Richards			Vice-President Name Brian Richards					
Street Address 61 Hamilton Allenton Road			Street Address 61 Hamilton Allenton Road					
<sup>City</sup> North Kingstown	State RI	<sup>Z<sub>1</sub>p</sup> 02852	City North Kingstown		State RI	<sup>Zip</sup> 02852		
Secretary Name Diane Richard	ds	•	Treasurer Name Brian Richards					
Street Address 61 Hamilton Allenton Road			Street Address 61 Hamilton Allenton Road					
City North Kingstown	State RI	<sup>Zip</sup> 02852	City North Kingstown		State RI	Zıp 02852		
8. List ALL directors (names a	and addresses)		<u>I</u>	Chi	eck the box to indicate	e an attachment 🔲		
Director Name Brian Richards			Director Name Diane Richards					
Street Address 61 Hamilton Allenton Road			Street Addres	Street Address 61 Hamilton Allenton Road				
City North Kingstown	State Rt	Zip 02852	City North Kingstown		State RI 02852	Zıp		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9 Shares Authorized	<u> </u>	10. Shares Iss	ued Check the box to indicate an attachment [					
This information is currently of record in the		NUMBER C		CcASS/SS	CLASS/SER ES PAR VALUE			
Department of State.		100		common	no	no par value		
Changes require an additional	filing.							
11. This report must be executrustee, this report must be ex					prporation is in the ha	nds of a receiver or		
Under penalty of perjury, I d	declare and affirm	that I have examin	ed this report,	including any ac	companying schedu	les and		
statements, and that all sta	tements gontained			<del> </del>				
Name of Authorized Representative  Diane Richards  Date  3 1-2076								
Signature of Authorized Repre			<del>.</del>					
		•	_					
	<del></del>							

MAIL TO:

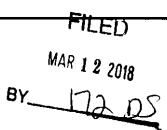
**Division of Business Services** 

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

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







FORM 630 - Revised: 10/2017