RI SOS Filing Number: 201860314850 Date: 3/15/2018 4:00:00 PM State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the yea	r: 2018
Corporation •	, <del></del>

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- → Filing period: January 1 March 1
- → Filing Fee. \$50.00

1. Entity ID Number 000542704		2. Exact name of the Corporation SOLID OAK, INC,.							
3. Principal Office Address 244 Post Road		City Westerly	· · · · · · · · · · · · · · · · · · ·	State RI	Zip 02891				
4. NAICS Code 42 3 4 0 5. State of Incorporation Rhode Island		6. Brief description of the character of business conducted in Rhode Island  Sale of goods wholesale.							
7. List ALL officers (names a	and addresses)	·		Chec	ck the box to indi	cate an attachment 🔲			
President Name Steven Lord			Vice-President Name Chris Servidio						
Street Address 18 Hickory Lane			Street Address 50 Boombridge Road						
<sup>City</sup> Westerly	State RI	Z <sup>IP</sup> 02891	City Wester	ly	State RI	<sup>Z<sub>ip</sub></sup> 02891			
Secretary Name Steven Lord	Secretary Name Steven Lord			Treasurer Name Chris Servidio					
Street Address 18 Hickory Lane				Street Address 50 Boombridge Road					
City Westerly	State RI	Zip 02891	City Westerly		State RI	<sup>Zıp</sup> 02891			
8. List ALL directors (names and addresses)  Director Name  Steven Lord  Street Address  18 Hickory Lane			Check the box to indicate an attachment  Director Name Chris Servidio  Street Address 50 Boombridge Road						
City Westerly	State RI	Z <sub>IP</sub> 02891	City Westerly		State RI	<sup>Ζιρ</sup> <b>02891</b>			
Director Name		<b></b>	Director Nam	e	<u> </u>				
Street Address			Street Address						
City	State	Zıp	City		State	Zıp			
9 Shares Authorized		10. Shares Is				the box to indicate an attachment PAR VALUE			
This information is currently of record in the Department of State.		1000	NUMBER OF SHARES		T.	None			
Changes require an additional filing.			·						
11 This report must be executivistee, this report must be		•	· ·		poration is in the	hands of a receiver or			
Under penalty of perjury, I statements, and that all st	declare and affirm	that I have examir	ned this report,		ompanying sch	edules and			
Name of Authorized Repres Steven Lord, President	entative		-	FILED	Date 3 - 1	8.18			
Signature of Authorized Rep	presentative (	SIGN DO	OCUMENT HER	MAR 1 5 2018	$\cap C$				
MAIL TO:	***		BY_	2418					

Division of Business Services

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

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