

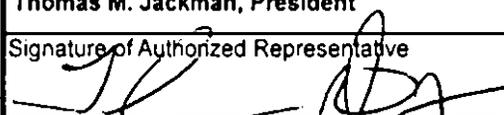


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 524517		2. Exact name of the Corporation Not Fade Away, Inc.			
3. Principal Office Address 1 Starline Way			City Cranston	State RI	Zip 02921
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Liquor Store			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas M. Jackman			Vice-President Name Donna M. Jackman		
Street Address 100 High Plain Street			Street Address 100 High Plain Street		
City Walpole	State MA	Zip 02081	City Walpole	State MA	Zip 02081
Secretary Name Donna M. Jackman			Treasurer Name Thomas M. Jackman		
Street Address 100 High Plain Street			Street Address 100 High Plain Street		
City Walpole	State MA	Zip 02081	City Walpole	State MA	Zip 02081
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			200	Common	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 statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Thomas M. Jackman, President					Date 2/14/18
Signature of Authorized Representative 					FILED
					MAR 23 2018

SIGN DOCUMENT HERE

BY KL 327 142

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