RI SOS Filing Number: 201860963670 Date: 3/26/2018 11:48:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2017

- -> Filing period: June 1 June 30
- → Filing Fee: \$20.00
- -> Penalty: Additional \$25.00 fee if form is not filed by July 30.

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Entity ID Number	2. Exact name o	f the Corporation	. /				
794894	3Mc Delights						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
KI	making Super foods, with the timest						
4. NAICS Code	gulity rockets, Smaking others healtherer						
999999							
6. Principal Office Address			City 💫		State	Zip	
362 Riser			KDU	_	KI	02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
resident Name David, T. Myrich			Vice-President Name Vacant No Clection				
Street Address Liver Ave			Street Address				
City P	State	Zip ODCOY	City //	, -,	S''	Zio _	
Secretary Name	No Elec	ممط	Treasurer Name	11.		21.1.	
Street Address	NO CIE	Street Address.					
	,			<u>.</u>			
City	State	Zip	City	/	State ,	Ziu	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name David J. MY: dl			Director Name Vacant No Cleation				
Street Address Street Address					o ejeoni		
City 100	State	Zip 02906	City		State	Zip	
Director Name Vacont No Electron Director Name							
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Registered Agent in Rhode Island. This Information is currently of record in the Department of State. Changes require filing Form 641.							
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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representativo, Receiver or Trustee.							
Name of Officer/Authorized Repres			<u> </u>		Date		
Danie	11/1/1/4	pull	FILE)	3/26,	/18/	
Signature of Officer/Authorized Representative SIGN DOCUMENT HEREMAR 2 6 2018							
WAIL & V LUID							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 327280 11:48