



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.

1. Entity ID Number <b>20584</b>		2. Exact name of the Corporation <b>Max Pollack &amp; Company, Inc.</b>			
3. Principal Office Address <b>732 Plainfield Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>81</b>	6. Brief description of the character of business conducted in Rhode Island <b>Buy, sell and/or lease new and used furniture, machinery and equipment and related products</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Gerladine A. Resnick</b>			Vice-President Name <b>Alfred C. Christofaro</b>		
Street Address <b>732 Plainfield Street</b>			Street Address <b>732 Plainfield Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Secretary Name <b>Sanford Resnick</b>			Treasurer Name <b>Geraldine A. Resnick</b>		
Street Address <b>300 Centerville Road, Suite 300, Summit West</b>			Street Address <b>732 Plainfield Street</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
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		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <b>200</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par Value</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Geraldine A. Resnick</b>					Date
Signature of Authorized Representative <i>Geraldine A. Resnick</i>					<div style="text-align: center;"> <b>FILED</b>  <b>APR 02 2018</b>  <b>2910</b> </div>
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