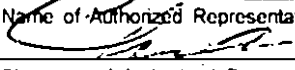


State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionAnnual Report for the year: 2018  
Corporation

- > 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>1663903</b>		2. Exact name of the Corporation <b>THE PEGGS COMPANY INC</b>			
3. Principal Office Address <b>PO BOX 907</b>			City <b>MIRA LOMA</b>	State <b>CA</b>	Zip <b>91752-0907</b>
4. NAICS Code <b>332900</b>		6. Brief description of the character of business conducted in Rhode Island <b>CARTS/SHELVES</b>			
5. State of Incorporation <b>CA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>CRESTEN NELSON</b>			Vice-President Name <b>BRETT NELSON</b>		
Street Address <b>PO BOX 907</b>			Street Address <b>PO BOX 907</b>		
City <b>MIRA LOMA</b>	State <b>CA</b>	Zip <b>91752-0907</b>	City <b>MIRA LOMA</b>	State <b>CA</b>	Zip <b>91752-0907</b>
Secretary Name <b>ANNE NELSON</b>			Treasurer Name		
Street Address <b>PO BOX 907</b>			Street Address		
City <b>MIRA LOMA</b>	State <b>CA</b>	Zip <b>91752-0907</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		250		COMMON	
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 				Date <b>3/28/17</b>	
Signature of Authorized Representative <b>CRESTEN NELSON</b>					

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

**FILED**

APR 02 2018

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