



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

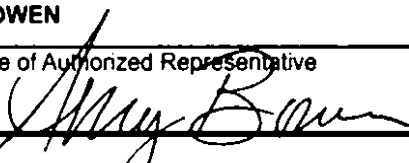
Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
2018 APR - 9 AM 11:29
02885

1. Entity ID Number 1663215		2. Exact name of the Corporation BOXDROP WARREN, INC.			
3. Principal Office Address 426 METACOM AVENUE			City WARREN	State RI	Zip 02885
4. NAICS Code 442110		6. Brief description of the character of business conducted in Rhode Island MATTRESS AND FURNITURE RETAIL SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SCOTT ANDREW			Vice-President Name JERRY WILLIAMS		
Street Address 80 SURFVIEW DRIVE, APT 616			Street Address 6290 BELVEDERE GREEN BLVD.		
City PALM COAST	State FL	Zip 32137	City DUBLIN	State OH	Zip 43016
Secretary Name JERRY WILLIAMS			Treasurer Name AMY BOWEN		
Street Address 6290 BELVEDERE GREEN BLVD.			Street Address 4479 COUNTY ROAD 213		
City DUBLIN	State OH	Zip 43016	City MARENGO	State OH	Zip 43334
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SCOTT ANDREW			Director Name JERRY WILLIAMS		
Street Address 80 SURFVIEW DRIVE, APT 616			Street Address 6290 BELVEDERE GREEN BLVD.		
City PALM COAST	State FL	Zip 32137	City DUBLIN	State OH	Zip 43016
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		
			CLASS/SERIES		
			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 AMY BOWEN				Date 04/03/18	
Signature of Authorized Representative 				SIGNATURE HERE	

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

SIGNATURE HERE

APR 09 2018

BY **328331**

P.A. 11:30 A.M.