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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 APR 23 PM 4:41

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	2. Exact name of the Corporation		
001669095	**Cell Hut Corporation**		
3. Principal Office Address	City	State	Zip
999 West Main Street	**Middleton**	**R.I.**	**02842**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
443142	**Cell phone and affiliated products**		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Leander Garrett**			Vice-President Name **Leander Garrett**		
Street Address **260 Shaw Street**			Street Address **260 Shaw Street**		
City **New Bedford**	State **MA**	Zip **02745**	City **New Bedford**	State **MA**	Zip **02745**
Secretary Name **Leander Garrett**			Treasurer Name **Leander Garrett**		
Street Address **260 Shaw Street**			Street Address **260 Shaw Street**		
City **New Bedford**	State **MA**	Zip **02745**	City **New Bedford**	State **MA**	Zip **02745**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Leander Garrett**			Director Name		
Street Address **260 Shaw Street**			Street Address		
City **New Bedford**	State **MA**	Zip **02745**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	CNP	0

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: Leander Garrett — Date: 04/23/18

Signature of Authorized Representative

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

4:41 **FILED**
APR 23 2018
BY MCC 24522310

FORM 630 - Revised: 10/2017