State of	of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-30		
Foreign Business Corpora	ation		
Annual Report Filing Period: January 1 - March 1			
In accordance with R.I.G.L. 7-1.2-			
annual report within thirty (30) day (c&d)) is subject to a penalty fee o		aw (R.I.G.L. 7-1.2-1501	
ANNUAL REPORT YEAR: 2018			
1. Corporate ID No. 00096	8828		
2. Name of Corporation <u>TAB</u>	STOREFORCE, INC.		
3. Street Address Principal Bus	siness Office:		
	<u>E SULPHUR RD</u>		
City or Town: <u>GAINESVI</u>	LLE Sta	ate: <u>GA</u> Zip: <u>30501</u> Cou	ıntry: <u>USA</u>
4. Business Phone No.			
<u>7702978571</u>			
5. State of Incorporation			
State: <u>GA</u>			
	ARTICLE III		
Enter the six digit NAICS Code the the list of codes here. More inform			ity. Download
<u>561210</u>			
6. Brief Description of the Cha	racter of Business Conducte	d in Rhode Island	
STORE FRONT REMODELI	NG SEKVICES.		
7. Names and Addresses of the	e Officers and Directors:		
All officers and directors mu	ist be listed.		
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
PRESIDENT	DANIEL J. PECK III	3391 WHITE SULPHU GAINESVILLE, GA 30501	
VICE PRESIDENT	KAREN PECK	3395 WHITE SULPH	IUR RD

DIRECTOR	DANIEL J. PEEK III		GAINESVILLES, GA 30501 USA 3391 WHITE SULPHUR ROAD		
8. Shares Authorized and Issu	led		GAI	NESVILLE, GA 30501 L	
Class of Stock	Series of Stock Par Value Per Sh		^D er Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000		10,000.00	10000
Signed this 8 Day of May, 2 individuals signing this instru- signatory, under penalties of act and deed of the corporate electronic filing, in compliand By <u>KAREN D PECK</u> Signature of Authorized Re	ument constitutes th perjury, that this in ion, and that the fac ce with R.I. Gen. La	e affirmatio strument is s ets stated he ws § 7-1.2.	n or ackn that indiv	owledgement of sidual's act and d	the eed or the
Form No. 630 Revised 09/07					