



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

Annual Report for the year:

Corporation

2018

→ 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 DIV.
 2018 JUL - 9 PM 1:02

1. Entity ID Number 001663153		2. Exact name of the Corporation THG South Inc.										
3. Principal Office Address 9100 LIME BAY BOULEVARD, #12		City TAMARAC	State FL									
		Zip 33321										
4. NAICS Code 541990	6. Brief description of the character of business conducted in Rhode Island CONSULTING											
5. State of Incorporation FL												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name ROBERT HOTALING		Vice-President Name										
Street Address 54 WEST 82ND STREET		Street Address										
City NEW YORK	State NY	Zip 10017										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	Zip										
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										
Director Name		Director Name										
Street Address		Street Address										
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 <input type="checkbox"/>										
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>CWP</td> <td>\$1,000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	CWP	\$1,000			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1,000	CWP	\$1,000										
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 DANIEL HICKEY, JR.		Date JULY 2, 2018										
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

FILED

JUL - 9 2018

FORM 630 - Revised: 10/2017

1:04
 BY 334439