RI SOS Filing Number: 201876372860 Date: 8/31/2018 4:00:00 PM

State of Rhode Island a	and Providence I	Plantations		oc.	CEIVED		
Department of S Annual Report for the y	Division	SECRETA CORPO	CEIVED RY OF STATE RATIONS DIV				
Corporation	2018 AUG 31 AM 10: 19						
 → Filing period: January 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00 		ot filed by April 1.		Silla une	31 hi	.•	
1. Entity ID Number	2. Exact nan	ne of the Corporation			_		
80933	Fra	uklir Ro	sers l	L + 1."			
3. Principal Office Address	 		City		State	Zip	
142 West Mi	1.5TC-	Sa	Prov	Laure	R.I	T. 02903	
4. NAICS Code 448110	6. Brief desc	ription of the charact : Sτοre	er of business o	conducted in Rhode I		ccessories	
State of Incorporation	┦ `				ر		
Rhole Island	ļ						
7. List ALL officers (names and a	addresses)			Check	the box to	indicate an attachment	
President Name			Vice-President Name				
Street Address			Street Addres		J	v 5 <u>5</u>	
105 Krister Court				105 Krig	ste1'		
City Warwick	State & T	Zip 02 8 8 8	City	wick	State	I. 02888	
Secretary Name		<u> </u>	Treasurer Nar	me o		<u> </u>	
Roger Street Address	Gross	<u></u>	Street Addres	Rusema	· 4 6.	r o 5 5	
105 k	risteu	C+	Girectinoures		57e 11	(0017	
City Wurwick	State R.I.	02888	City Wa-	wick	State R	.T. Zip	
List ALL directors (names and Director Name	addresses)		Director Name		the box to	indicate an attachment	
	onesis Name						
Street Address			Street Addres	s			
City	State	Zip	City		State	Žip	
Director Name	Director Name						
Street Address	Street Address						
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issu				indicate an attachment [
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES		
		/01		COMMON		\$ 0.00	
11. This report must be executed	on behalf of the	corporation by an a	uthorized seese	contative If the access	ration is in	the hands of a second	
trustee, this report must be exec	uted on behalf of	f the corporation by t	he receiver or t	rustee.			
Under penalty of perjury, I dec	lare and affirm	that I have examine	d this report, i	including any accor	npanying s	schedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date 1 1		
Rose a Garass					1 8/21/1X		

MAIL TO:

Division of Business Services

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 3 1 2018 10:19 BY CM 86W5Z

SIGN COC MEN FILED C

FORM 630 - Revised: 02/2017