



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

Annual Report for the year: **2019**
 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 71230		2. Exact name of the Corporation Alfred's Gifts and Antiques, Inc.			
3. Principal Office Address 840 Main Street		City Warren		State RI	Zip 02885
4. NAICS Code 323111		6. Brief description of the character of business conducted in Rhode Island To buy, sell deal in antiques.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alfred Brazil			Vice-President Name None		
Street Address 840 Main Street			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alfred Brazil			Director Name		
Street Address 840 Main Street			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
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 OF SHARES
			1,000		Common
					No Par
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 Alfred Brazil				Date 01/02/2019	
Signature of Authorized Representative <i>Alfred Brazil</i>					

FILED

JAN 04 2019 *OR*

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MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov