RI,SOS Filing Number: 201984097590 Date: 1/9/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Annual Report for the year:

Department of State - Business Services Division

2019

| Corporation  |                    |                      | <del>-</del>                                   |                    |  |
|--|--------------------|----------------------|--|--------------------|--|
| -> 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   |  |                    | ······································ |
| 000116319  | 1                  | IR PHOto             | INC  |                    |  |
| <u> </u>   | MI DIF             | K + 11010            | 11101  |                    | <del></del>                            |
| 3. Principal Office Address                                | 1.                 | ۸                    | Ćith   | State              | D Cold                                 |
| 9 Bluebild   | lane               | Ashano               | in   | I KI               | 2804                                   |
| 4. NAICS Code  | 6. Brief descrip   | tion of the characte | er albusiness conducted in Rhode               | Island             |  |
| 1,541921   | VOUTH              | SPORTS F             | PHOTOGRAPHY                                    |                    |  |
| 5. State of incorporation                                  | - 1000 m           |                      |  |                    |  |
|  | ì                  |                      |  |                    |  |
|  |                    |                      | ·····  |                    |  |
| 7. List ALL officers (names and ad<br>President Name       | dresses)           |                      |  | the box to indicat | te an attachment                       |
| TAMMY LAVORATO   |                    |                      | Vice-President Name DENNIS LAVORATO            |                    |  |
| Street Address 9 BLUEBIRD LANE                             |                    |                      | Street Address NEBIRO                          | LANC               |  |
|  | 1000               | 13                   | 4 DINE BUSO                                    |                    |  |
| ashaway  | State RI           | Zip 2804             | City ASHHWAY                                   | State              | 2ip 02804                              |
| Serretary Name   | <del>-1</del>      |                      | Treasurer Name                                 | <del></del>        | <del></del>                            |
| Streat Address   |                    |                      | Street Address                                 |                    |  |
| 1  |                    |                      |  |                    |  |
| City   | State              | Zip                  | Citv   | State              | Zin                                    |
|  | 1                  | <u> </u>             |  | <u> </u>           | Ì                                      |
| B. List ALL directors (names and addresses)  Director Name |                    |                      | Check the box to indicate an attachment        |                    |  |
| Oirector Name  |                    |                      | Director Name                                  |                    |  |
| Street Address   |                    |                      | Street Address                                 |                    |  |
| City   | State              | Zip                  | City   | State              | Zip                                    |
|  | <u>i</u>           |                      | <u>i                                      </u> | 1                  | <u>i</u>                               |
| Director Name  |                    |                      | Director Name                                  |                    |  |
|  |                    |                      | i  |                    |  |

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

Street Address

City

10. Shares Issued

Ζm

statements, and that all statements contained herein are true and correct.

State

Name of Authorized Representative

This information is currently of record in the

Changes require an additional filing.

Street Address

9. Shares Authorized

Department of State.

City

**DENNIC** LAUDENTO

Signature of Authorized Representative

Zip

PAR VALUE

Check the box to indicate an attachment

01-07-2019

MAIL TO: **Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

CLASS SER ES

NPU