



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

**FILED**

JAN 16 2019

BY

**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 <b>000080413</b>		2. Exact name of the Corporation <b>Sound FX, Inc.</b>			
3. Principal Office Address <b>339 Quaker Lane Route 2</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
4. NAICS Code <b>441310</b>		6. Brief description of the character of business conducted in Rhode Island <b>To sell, service, repair and install automotive electronics and accessories</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Steven Medeiros</b>			Vice-President Name <b>Edward Medeiros</b>		
Street Address <b>18 Quail Ridge Road</b>			Street Address <b>15 Mason Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>Lorraine C. Slaney</b>			Treasurer Name <b>Edward J. Marchwicki, Jr.</b>		
Street Address <b>23 Royal Avenue</b>			Street Address <b>222 Chestnut Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Steven Medeiros</b>			Director Name		
Street Address <b>18 Quail Ridge Road</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>200</b>	<b>Common</b>	<b>No Par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Lorraine C. Slaney</b>				Date <b>January 4, 2019</b>	
Signature of Authorized Representative 					

SIGN DOCUMENT HERE