



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.

FILED

JAN 28 2019 1P

BY

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1. Entity ID Number 000100200		2. Exact name of the Corporation Captain Bret's Tattoo Shop, Inc			
3. Principal Office Address 4 Collins Street Unit 4A			City Newport	State RI	Zip 02840
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Operation of a tattoo shop and engaging in providing tattoos onto customers			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brett A. Lohnes			Vice-President Name		
Street Address 49 McCormick Road			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Brett A. Lohnes			Treasurer Name Brett A. Lohnes		
Street Address 49 McCormick Road			Street Address 49 McCormick Road		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brett A. Lohnes			Director Name		
Street Address 49 McCormick Road			Street Address		
City Newport	State RI	Zip 02840	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/SERIES		PAY VALUE
			100		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 Bret A. Lohnes				Date 1-25-19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov