



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 123313		2. Exact name of the Corporation AMMO-SAFE, INC.			
3. Principal Office Address P.O. Box 3711			City Cranston	State RI	Zip 02910
4. NAICS Code 541230		6. Brief description of the character of business conducted in Rhode Island The production of documents and offering consulting services regarding gun safety			
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 Robert R. Barber, Sr.			Vice-President Name Valerie Barber		
Street Address P.O. Box 3711			Street Address P.O. Box 3711		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Valerie Barber			Treasurer Name Robert R. Barber, Sr.		
Street Address P.O. Box 3711			Street Address P.O. Box 3711		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently Department of State.		NUMBER OF SHARES		CLASS/STYLES	
		1,950		Common	
Changes require an additional filing.				PAR VALUE	
				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 Robert R. Barber, Sr.					Date 10/24/2019
Signature of Authorized Representative <i>Robert R. Barber Sr.</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED ✓

JAN 28 2019

3340

RY