



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**  
Corporation

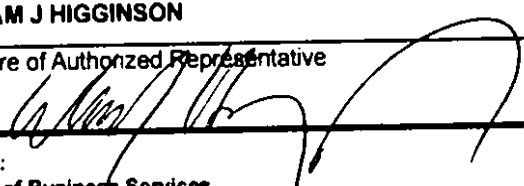
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 JAN 29 PM 3:07

1. Entity ID Number <b>11898</b>		2. Exact name of the Corporation <b>THE SKI SHOP PLUS</b>												
3. Principal Office Address <b>859 EDDIE DOWLING HWY</b>			City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>									
4. NAICS Code <b>45211-4481SD</b>		6. Brief description of the character of business conducted in Rhode Island <b>RETAIL SALES OF SKI, SNOWBOARD AND WINTER RELATED EQUIPMENT AND CLOTHING</b>												
5. State of Incorporation <b>RI</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>WILLIAM J HIGGINSON JR</b>			Vice-President Name <b>RAMONA MITRIS</b>											
Street Address <b>859 EDDIE DOWLING HWY</b>			Street Address <b>859 EDDIE DOWLING HWY</b>											
City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>									
Secretary Name			Treasurer Name <b>RAMONA MITRIS</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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>WILLIAM J HIGGINSON</b>			Director Name <b>RAMONA MITRIS</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>500</b></td> <td><b>COMMON</b></td> <td><b>\$1.00</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>500</b>	<b>COMMON</b>	<b>\$1.00</b>			
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<b>500</b>	<b>COMMON</b>	<b>\$1.00</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>WILLIAM J HIGGINSON</b>					Date <b>01-29-2019</b>									
Signature of Authorized Representative  SIGN DOCUMENT HERE <b>FILED</b>														

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

JAN 29 2019 3:07

BY GW14W

FORM 630 - Revised: 10/2017