State of Rhode Isl	and and Providence	Plantations			_		
	of State - Busin		s Division				
Annual Report for the year: 2019						State State	
Corporation						ethi.	
 → Filing period: Januar → Filing Fee: \$50.00 → Penalty: Additional \$2 		not filed by April 1.				THE CHARLES OF SERVE THE SHIP	
1. Entity ID Number		ne of the Corporati		 -		<u></u>	
13883		EXECUTIVE INVESTMENTS, INC.					
3. Principal Office Address			City		State	Ziρ	
28 Caswell Street, Ste. 200			Narragan		RI	02882	
4. NAICS Cade	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
531390	Any and al	Any and all lawful business.					
5. State of Incorporation							
RI	}						
7. List ALL officers (names a	nd addresses)			Check	the box to in	ndicate an attachment [
President Name Joseph G. Fe	Vice-President Name Joseph G. Formicola, Jr.						
Street Address 28 Caswell Street, Ste. 200			Street Address 28 Caswell Street, Ste. 200				
City Narragansett	State RI	Zip 02882	City Narragansett		State Ri	^{Zip} 02882	
Secretary Name Joseph G. Formicola, Jr.			Treasurer Name Joseph G. Formicola, Jr.				
Street Address 28 Caswell Street, Ste. 200			Street Addre	Street Address 28 Caswell Street, Ste. 200			
City Narragansett	State RI	Zip 02882	City Narragansett		State RI	^{Zip} 02882	
8. List ALL directors (names)	and addresses)					dicate an attachment	
Director Name Joseph G. For	micola, Jr.		D'rector Nam	None	tale box to in	divate all attachinant	
Street Address 28 Caswell Str	roet, Ste. 200		Street Addres	SS	·		
City Narragansett	State RI	^{ZJp} 02882	City		State	Zip	
Director Name None			Director Nam	Director Name None			
Street Address			Street Addres				
City	State	Zip	City		State	Zip	
3. Shares Authorized		40.0			<u> </u>		
This information is currently of	record in the	10. Shares Iss	F SHARES	Check CLASS/SERIES	the box to ind	licate an attachment PAR VALUE	
Department of State.		200		common		'no par value	
changes require an additional filing.				 		100 par saras	
 This report must be execurustee, this report must be ex 	ted on behalf of the	corporation by an a	authorized repre	l sentative. If the corpo	ration is in the	e hands of a receiver or	
Inder penalty of perjury, I distance that all statements, and that all statements.	leclare and affirm th	hat i have examini	ed this report, i	ncluding any accom	panying sch	edules and	
vame of Authorized Represer	o correct.		Date				
Joseph G. Formicola, Jr.		1/23/2019					
ignature of Authorized Repre	sentative	AT SIGN DOC	NUMENT HERE	·	-l	···	
" TOTOLOGIC	1 0-CM	marile 5	755			i	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017