

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

5127 332

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1

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THURSTARY OF STATE							
mic 2a							

1. Entity ID Number	2. Exact na	2. Exact name of the Corporation					
13883		EXECUTIVE INVESTMENTS, INC.					
Principal Office Address			City		State	Ζiρ	
28 Caswell Street, Ste. 201	3		Narragan	ısett	RI	02882	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
531390		Any and all lawful business.					
5. State of Incorporation							
RI							
7. List ALL officers (names a	nd addresses)			Chec	k the box to in	idicate an attachment [
President Name Joseph G. Formicola, Jr.			Vice-President Name Joseph G. Formicola, Jr.				
Street Address 28 Caswell St	Street Address 28 Caswell Street, Ste. 200						
City Narragansett	State RI	Zip 02882	City Narragansett		State Ri	Zip 02882	
Secretary Name Joseph G. Formicole, Jr.			Treasurer 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	
8. List ALL directors (names a	and addresses)			Chec	k the box to in	dicate en attachment [
Director Name Joseph G. For			D'rector Nan	ne None			
Street Address 28 Caswell Street, Ste. 200			Street Address				
City Narragansett	State RI	^{ZJp} 02882	City		State	Zip	
Director Name None Street Address			Director Name Name Street Address				
							City
N 66 4 - 0		ì			Olate		
3. Shares Authorized This information is currently of		O. Shares Issued Check the box to indicate an attachn NUMBER OF SHARES CLASSISERIES PAR VALUE					
Department of State.			200		common		
Changes require an additional filing.						no par value	
1. This mont must be seen							
 This report must be execut rustee, this report must be ex 	teo on behalf of the	corporation by an a the comoration by	uthorized repre	sentative. If the corpo	oration is in the	hands of a receiver or	
rnaer penalty of perjury, I d	eclare and affirm to	hat i have examine	ed this report.	including any accor	npanying sch	edules and	
tatements, and that all state lame of Authorized Represen	ements contained	herein are true an	d correct.	 -		····	
Joseph G. Formicola, Jr.				Oate 1/23/2019			
ignature of Authorized Repre	sentative	Oniou na				···	
Vorples	-to-ene	ATTO SIGN DOC	XMENT HERE			i	
AIL TO:				TICA	· · · · · · · · · · · · · · · · · · ·		
vision of Business Services					_		

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

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FORM 630 - Revised: 10/2017