



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

STAMP

→ 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 <u>156976</u>		2. Exact name of the Corporation <u>VAST INC</u>			
3. Principal Office Address <u>73 Peptoad Road</u>			City <u>North Scituate</u>	State <u>R.I.</u>	Zip <u>02857</u>
4. NAICS Code <u>541110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Service & Rental</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>William Frederickson</u>			Vice-President Name		
Street Address <u>73 Peptoad Road</u>			Street Address		
City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City	State	Zip
Secretary Name			Treasurer Name <u>Howard Frederickson Jr.</u>		
Street Address			Street Address <u>65 Peptoad Rd</u>		
City	State	Zip	City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>William Frederickson</u>			Director Name <u>Howard Frederickson Jr.</u>		
Street Address <u>SAME AS ABOVE</u>			Street Address <u>SAME AS ABOVE</u>		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>1,000</u>	CLASS/SERIES <u>CWP</u>	PAR VALUE <u>.01</u>
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 <u>William Frederickson</u>					Date <u>2-3-2019</u>
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 06 2019

BY

1136

FORM 630 - Revised: 10/2017