



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

37,119

- 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 509509		2. Exact name of the Corporation Eye Sun Protection, Inc.			
3. Principal Office Address 10 River Street			City Cranston	State RI	Zip 02905
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island Sales agent in the distribution, delivery, purchase and sales of goods.			
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 Phillip B. Kelly			Vice-President Name Phillip B. Kelly		
Street Address 10 River Street			Street Address 10 River Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Phillip B. Kelly			Treasurer Name Phillip B. Kelly		
Street Address 10 River Street			Street Address 10 River Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Phillip B. Kelly			Director Name		
Street Address 10 River Street			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NONE
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 Phillip B. Kelly, President				Date 1/23/19	
Signature of Authorized Representative <i>Phillip B. Kelly</i>			SIGN DOCUMENT HERE FILED <i>or</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

FEB 06 2019
3460
 BY _____