



RI SOS Filing Number: 201986480930 Date: 2/11/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED**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.

FEB 11 2019 AP

BY

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1. Entity ID Number 99315		2. Exact name of the Corporation A.A. HOBBIES, INC			
3. Principal Office Address 655 JEFFERSON BOULEVARD		City WARWICK		State RI	Zip 02886
4. NAICS Code 451120		6. Brief description of the character of business conducted in Rhode Island TO DISTRIBUTE, BUY, SELL, IMPORT, EXPORT AND OTHERWISE DEAL IN CONSUMER GOODS INCLUDING TOYS, NOVELTIES, MODELS AND HOBBY SUPPLIES.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JOHN F. REID, JR.			Vice-President Name		
Street Address 114 LYNDON ROAD			Street Address		
City CRANSTON	State RI	Zip 02905	City	State	Zip
Secretary Name JOHN F. REID, JR.			Treasurer Name JOHN F. REID, JR.		
Street Address 114 LYNDON ROAD			Street Address 114 LYNDON ROAD		
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 ☐					
Director Name JOHN F. REID, JR.			Director Name		
Street Address 114 LYNDON ROAD			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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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 JOHN F. REID, JR., PRESIDENT				Date 01-31-19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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

FORM 630 - Revised: 10/2017