



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | |
|--|----------------------|---|-------------------------|----------------------|
| 1. Entity ID No. 9902 | | 2. Exact name of the Corporation AUGUST W. MENDE INC. | | |
| 3. Principal office address 235 Chalkstone Avenue | | City Providence | State R.I. | Zip 02908 |
| 4. Business Phone No. 401 331 5484 | | 5. State of Incorporation Rhode Island | | |
| 6. Brief description of the character of business conducted in Rhode Island General Woodworking (333273) | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | | |
| President Name Shirley V. Mendez | | Vice-President Name Robert H. Mendez | | |
| Street Address 12 BIGELOW ROAD | | Street Address 12 BIGELOW RD | | |
| City Johnston | State R.I. | Zip 02919 | City Johnston | State R.I. |
| Secretary Name Shirley V. Mendez | | Treasurer Name Robert H. Mendez | | |
| Street Address 12 BIGELOW ROAD | | Street Address 12 BIGELOW RD | | |
| City Johnston | State R.I. | Zip 02919 | City Johnston | State R.I. |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| Director Name Robert H. Mendez | | Director Name Shirley V. Mendez | | |
| Street Address 12 BIGELOW ROAD | | Street Address 12 BIGELOW RD | | |
| City Johnston | State R.I. | Zip 02919 | City Johnston | State R.I. |
| Director Name Susan Pagliaro | | Director Name | | |
| Street Address MARY AVENUE | | Street Address | | |
| City Johnston | State R.I. | Zip 02919 | City | State |
| 9. SHARES AUTHORIZED | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet. | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | 165 | Common | No PAR Value |
| | | | | |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 15 2019
 18771

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.

1-12-19
 Signature of Authorized Representative
ROBERT H. MENDEZ
 Print or Type Name of Authorized Representative