



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

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.

1. Entry ID Number <b>44334</b>		2. Exact name of the Corporation <b>NOLL GUITARS LTD</b>	
3. Principal Office Address <b>173 MACKLIN ST.</b>		City <b>CRANSTON</b>	State <b>RI</b>
		Zip <b>02920</b>	
4. NAICS Code <b>812990</b>	6. Brief description of the character of business conducted in Rhode Island <b>BUILDING, REPAIR, &amp; RESTORATION OF FRETTED MUSICAL INSTRUMENTS &amp; SALES OF ACCESSORIES</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>JAMES M. LANDRY</b>		Vice-President Name <b>STANLEY F. BIENKIEWICZ</b>	
Street Address <b>173 MACKLIN ST.</b>		Street Address <b>173 MACKLIN ST.</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02920</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>0</b>	CLASS/SERIES <b>NO PAR VALUE</b>
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. <i>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.</i>			
Name of Authorized Representative <b>STANLEY F. BIENKIEWICZ</b>			Date <b>2-16-19</b>
Signature of Authorized Representative <i>Stanley F. Bienkiewicz</i> <span style="float: right;">SIGN DOCUMENT HERE</span>			

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

**FILED**

**FEB 21 2019**

BY *1282 DS*