



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.

STAMPFOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 16706		2. Exact name of the Corporation RLV Industries, Inc.			
3. Principal Office Address 58 Airport Road			City Westerly	State RI	Zip 02891
4. NAICS Code 481111		6. Brief description of the character of business conducted in Rhode Island Aviation Services			
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 Ryan M. Gauthier			Vice-President Name Ryan M. Gauthier		
Street Address 58 Airport Road			Street Address 58 Airport Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Ryan M. Gauthier			Treasurer Name Ryan M. Gauthier		
Street Address 58 Airport Road			Street Address 58 Airport Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	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/SERIALS	PAR VALUE
		100	STK	0.0000	
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. FILED					
Name of Authorized Representative Ryan M. Gauthier, President				Date 02/28/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE BY 30118 OS	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov