



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.

FILED
 MAR 27 2019
 BY [Signature]

1. Entity ID Number 001659109		2. Exact name of the Corporation PREDATOR APAREL, INC.			
3. Principal Office Address 40 AGNES STREET			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 813910		6. Brief description of the character of business conducted in Rhode Island CUSTOMIZED RETAIL TRADE BUSINESS.			
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 K. JASON KRIKORIAN			Vice-President Name BARRY McCLARON		
Street Address 40 AGNES STREET			Street Address 497 LAKE VIEW DRIVE		
City PROVIDENCE	State RI	Zip 02909	City WARWICK	State RI	Zip
Secretary Name BARRY McCLARON			Treasurer Name BARRY McCLARON		
Street Address 497 LAKE VIEW DRIVE			Street Address 497 LAKE VIEW DRIVE		
City WARWICK	State RI	Zip	City WARWICK	State RI	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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		PAR VALUE
			100	COMMON	NO PAR
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 K. JASON KRIKORIAN					Date 12-21-19
Signature of Authorized Representative <u>[Signature]</u>					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov