



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 <b>001659109</b>		2. Exact name of the Corporation <b>PREDATOR APAREL, INC.</b>			
3. Principal Office Address <b>40 AGNES STREET</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>813910</b>		6. Brief description of the character of business conducted in Rhode Island <b>CUSTOMIZED RETAIL TRADE BUSINESS.</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>K. JASON KRIKORIAN</b>			Vice-President Name <b>BARRY McCLARON</b>		
Street Address <b>40 AGNES STREET</b>			Street Address <b>497 LAKE VIEW DRIVE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip
Secretary Name <b>BARRY McCLARON</b>			Treasurer Name <b>BARRY McCLARON</b>		
Street Address <b>497 LAKE VIEW DRIVE</b>			Street Address <b>497 LAKE VIEW DRIVE</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip	City <b>WARWICK</b>	State <b>RI</b>	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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>100</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR</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. <b>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.</b>					
Name of Authorized Representative <b>K. JASON KRIKORIAN</b>					Date <b>12-21-19</b>
Signature of Authorized Representative <i>[Signature]</i>					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