



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number 75738		2. Exact name of the Corporation Mirari, Incorporated			
3. Principal Office Address 800 Chase Avenue			City Elk Grove Village	State IL	Zip 60007
4. NAICS Code 999999	6. Brief description of the character of business conducted in Rhode Island Ownership and operation of a boat				
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 Bruce Stevens			Vice-President Name None		
Street Address 800 Chase Avenue			Street Address		
City Elk Grove Village	State IL	Zip 60007	City	State	Zip
Secretary Name Bruce Stevens			Treasurer Name Bruce Stevens		
Street Address 800 Chase Avenue			Street Address 800 Chase Avenue		
City Elk Grove Village	State IL	Zip 60007	City Elk Grove Village	State IL	Zip 60007
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bruce Stevens			Director Name		
Street Address 800 Chase Avenue			Street Address		
City Elk Grove Village	State IL	Zip 60007	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/SERIES		
			1,000	Common	NPV
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 Bruce Stevens				Date 3/26/2019	
Signature of Authorized Representative <i>B. Stevens</i>					

SIGN DOCUMENT

FILED

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

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FORM 630 - Revised: 10/2017