



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 29 2019

STAMP

FOR
SECRETARY OF STATE
USE ONLY

BY

9760

1. Entity ID Number 000509159		2. Exact name of the Corporation Amax, Inc.			
3. Principal Office Address 1575 South County Trail			City East Greenwich		State RI
					Zip 02818
4. NAICS Code 424120		6. Brief description of the character of business conducted in Rhode Island Distributor of office supplies and LED lighting			
5. State of Incorporation DE					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Gary Blanchette			Vice-President Name		
Street Address 1575 South County Trail			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name			Treasurer Name Brian Leroux		
Street Address			Street Address 1575 South County Trail		
City	State	Zip	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Chih-Wei (Jackson) Hu			Director Name		
Street Address 1575 South County Trail			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name Kuo Su-Chao (Sue) Chi			Director Name		
Street Address 1575 South County Trail			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		26,256,000	Ordinary	\$ 0001	
		36,741,000	Series A	\$.0001	
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 Brian Leroux				Date 3/19/2019	
Signature of Authorized Representative				SIGN DOCUMENT HERE	