



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

2019 APR -1 PM 12: 31

1. Entity ID Number 134606		2. Exact name of the Corporation Apex Holdings, Inc.			
3. Principal Office Address 100 Main Street		City Pawtucket		State RI	Zip 02860
4. NAICS Code 523930	6. Brief description of the character of business conducted in Rhode Island To make and manage investments				
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 Andrew A. Gates			Vice-President Name		
Street Address 100 Main Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Andrew A. Gates			Treasurer Name Andrew A. Gates		
Street Address 100 Main Street			Street Address 100 Main Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Andrew A. Gates			Director Name		
Street Address 100 Main Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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	PAR VALUE
		100	Common	\$.01PAR	
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 Andrew A. Gates					Date
Signature of Authorized Representative <i>Andrew A. Gates</i> by: <i>Andrew A. Gates</i>					

SIGN DOCUMENT HERE

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

APR 01 2019
4 5102T
BY *AA*