



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 APR -3 PM 2:52

| | | | |
|--|--|---|--------------------|
| 1. Entity ID Number 542238 | | 2. Exact name of the Corporation ATAP Enterprises, Inc | |
| 3. Principal Office Address 1742 MAIN ST. | | City West Warwick | State RI |
| | | Zip 02893 | |
| 4. NAICS Code 531390 | 6. Brief description of the character of business conducted in Rhode Island Real Estate holding and investment | | |
| 5. State of Incorporation NEVADA | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Christopher Saunders | | Vice-President Name | |
| Street Address 1742 MAIN ST. | | Street Address | |
| City West Warwick | State RI | Zip 02893 | |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| City | State | 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 | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| 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 | |
| | | PAR VALUE | |
| | | 75,000 | CWP |
| | | | \$0.0010 |
| 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 Christopher Saunders | | Date 4/3/19 | |
| Signature of Authorized Representative | | | |

FILED

APR 03 2019
BY **QXTS9**
A.A. 2:56 p.m.