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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

PECETYLD SECRETARY OF STATE CORPORATIONS DIV

Annual Report for the year:

Corporation

2019 APR -3 PM 2: 52

\rightarrow	Filing	period:	January	1	-	March	1
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→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

Entity ID Number 2. Exact name of the Corporation											
542238	INTAP	Enter prise	c. Inc								
3. Principal Office Address			City		State	Zip					
1742 MAIN ST.			West (NANDICK	RI	02893					
4. NAICS Code	6. Brief descr	iption of the characte	r of husiness c	onducted in Rhode b	sland						
531390 Real Estare 5. State of Incorporation New Yorkent											
State of Incorporation Neuppa											
7. List ALL officers (names and ad	droccoc)			Chook	the how to one	diagte as attachment 🗆					
President Name /			Check the box to indicate an attachment Vice-President Name								
Chairopher JA											
Street Address 1742 Main 57.	Street Address										
City West Wordick	State Q &	Zip 028[3	City		State	Zip					
Secretary Name					Treasurer Name						
Street Address	Street Address										
City	State	Zip	City	lity		Zıp					
8. List ALL directors (names and a	iddresses)			Check	the box to in:	dicate an attachment					
Director Name			Director Name	Director Name							
Street Address	Street Address										
City	State	2 _{(p}	City		State	Zip					
Director Name	Director Name										
Street Address	Street Address										
			ļ								
City	State	Zıp	City		State	Zip					
9. Shares Authorized		10. Shares Issu	ed	Check	the box to inc	dicate an attachment					
This information is currently of record in the		NUMBER OF S				PAR VALUE					
Department of State.		75,00	0	CWP		\$0,0010					
Changes require an additional filing.		121				, , , ,					
11. This report must be executed of	on behalf of the	corporation by an au	thorized repres	entative. If the corno	ration is in th	e hands of a receiver or					
trustee, this report must be execut	ted on behalf of	the corporation by th	ne receiver or tr	ustee.							
Under penaity of perjury, I decia statements, and that all stateme				ncluding any accor	npanying sc	hedules and					
Name of Authorized Representative	/e				Date ,						
Christopher Sound		4/3/19									
Signature of Authorized Representative											
Chi		.	5 1 Pr pr m.								
			LDD 4 9 201	0							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017