



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

APR 12 2019

STAMP

BY

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001672157		2. Exact name of the Corporation X Body Art Inc			
3. Principal Office Address 32 Fern Drive			City Warren	State RI	Zip 02885
4. NAICS Code 812190	6. Brief description of the character of business conducted in Rhode Island Tattoo Art				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Sobreiro			Vice-President Name Paul Sobreiro		
Street Address 32 Fern Drive			Street Address 32 Fern Drive		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Paul Sobreiro			Treasurer Name Paul Sobreiro		
Street Address 32 Fern Drive			Street Address 32 Fern Drive		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul Sobreiro			Director Name		
Street Address 32 Fern Drive			Street Address		
City Warren	State RI	Zip 02885	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		
			PAR VALUE		
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					Date
Signature of Authorized Representative					SIGN DOCUMENT HERE