RI SOS Filing Number: 201991424530 Date: 4/29/2019 2:52:00 PM



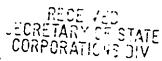




STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 25 50

Filling Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		ne of the Corporation		<u> </u>	
84424	SING-A-SIGN, INC.				
O T T E T					
3. Principal office address 169 EVANS ROAD			City GLOCESTER	State RI	Zip 02814
4. Business Phone No. 401-949-4435 (6/1/1/0			5. State of Incorporation RHODE ISLAND		
6. Brief description of the chara TO PROVIDE EDUCAT				DREN.	
7. LIST ALL OFFICERS (NAM	ES AND ADDR	ESSES) ("X" BOX FOR AT	TACHMENT)	· ·	
President Name DEBRA J. FONTAINE			Vice-President Name SAME		
Street Address 169 EVANS ROAD			Street Address		
City GLOCESTER	State RI	Zip 02814	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zíp	City	State	Zip
8. LIST ALL DIRECTORS (NA	MES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	0
This report must be executed		corporation by an authorize			s of a receiver or trustee,
File Datc		-	Under penalty of pe this report, including	erjury, I declare and affi ng any accompanying s	rm that I have examined chedules and statements,
Check No			and that ell stateme	onts contained herein a	re true and correct. 02/12/2014
. Ву:		# # ##	Signature of Approx	zed Representative	Date
FOR SECRETARY OF STATE USE ONLY APR 2 9 2019 Form No. 630 Revised: 01/2012 BY CABCALV 3 14			DEBRA J. FONTAINE Print or Type Name of Authorized Representative		4-29-19
Form No. 630 Revised: 01/2012	BYC	n BCA4V	Frint or Type Name	oi Authorizea Hepresent	duve
		\mathcal{A}	7 -		