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 MAY -6 PM 12:56

1. Entity ID Number: 516951	2. Exact name of the Corporation: Nipper Enterprises
3. Principal Office Address: 230 Shawomet Ave	City: Warwick; State: RI; Zip: 02889
4. NAICS Code: 711510	6. Brief description of the character of business conducted in Rhode Island: Author of educational textbooks
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Arthur V. Johnson	Vice-President Name: Juanita Johnson
Street Address: 230 Shawomet Ave.	Street Address: 230 Shawomet Ave.
City: Warwick; State: RI; Zip: 02889	City: Warwick; State: RI; Zip: 02889
Secretary Name: Alexa Johnson	Treasurer Name: Candace Johnson
Street Address: 24 Shelburne Rd.	Street Address: 171 Stowe Hollow Rd.
City: Merrimac; State: NH; Zip: 03054	City: Stowe; State: VT; Zip: 05672

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name:	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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0		0.01

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: Dr.Arthur Johnson

Date: May 2, 2019

Signature of Authorized Representative

FILED
MAY 06 2019
BY 05EEF A.A

MAIL TO:
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