



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018

## 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  
 CONCORD, NH

2019 JUL 29 PM 12:02

1. Entity ID Number <b>00139403</b>		2. Exact name of the Corporation <b>The Stealth Project, Inc.</b>										
3. Principal Office Address <b>10607 Lithia Estates Dr.</b>		City <b>Lithia</b>	State <b>FL</b>									
		Zip <b>33547</b>										
4. NAICS Code <b>451110</b>	6. Brief description of the character of business conducted in Rhode Island <b>Sell Sporting Goods (products used for hunting)</b>											
5. State of Incorporation <b>RI</b>												
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
President Name <b>Mark Cama</b>		Vice-President Name										
Street Address <b>10607 Lithia Estates Dr.</b>		Street Address										
City <b>Lithia</b>	State <b>FL</b>	Zip <b>33547</b>										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	Zip										
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>1000</b></td> <td></td> <td><b>\$1.00</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>1000</b>		<b>\$1.00</b>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
<b>1000</b>		<b>\$1.00</b>										
Changes require an additional filing.												
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.												
<b>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.</b>												
Name of Authorized Representative <b>Mark Cama</b>		Date <b>7/24/2019</b>										
Signature of Authorized Representative <b>Mark Cama</b>												

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

 JUL 29 2019  
 BY **MNBW7**  
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