



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2019 AUG 23 P 1:08

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.

1. Entity ID Number <u>1661805</u>		2. Exact name of the Corporation <u>Whipped Inc</u>			
3. Principal Office Address <u>290 ALPINE ESTATES DR</u>			City <u>CRAVSTON</u>	State <u>RI</u>	Zip <u>02921</u>
4. NAICS Code <u>722513</u>		6. Brief description of the character of business conducted in Rhode Island <u>ICE CREAM PARLOR</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Michael Arena</u>			Vice-President Name <u>DAVID PENTA</u>		
Street Address <u>5 Red Oak DR</u>			Street Address <u>290 ALPINE ESTATES DR</u>		
City <u>CRAVSTON</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>CRAVSTON</u>	State <u>RI</u>	Zip <u>02921</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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
			<u>0</u>		
			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 <u>Michael Arena</u>				Date <u>8/23/19</u>	
Signature of Authorized Representative 					

FILED ✓

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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