Date: 8/26/2019 4:00:00 PM RI SOS Filing Number: 201915576950



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE **BUS SVCS DIV**

Annual Report for the year:

1 2019 AUG 26 A 11: 54

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.							
Entity ID Number 2. Exact name of the Corporation							
1684548 RTE 6 OUTPOST INC.							
3. Principal Office Address			City	<u>.</u>	State	Zip	
52 DANIELSON PIKE			1-OSTE	re_	KI.	09832	
4. NAICS Code 4. NAICS Code 5. Brief description of the character of business conducted in Rhode Island FIREAR W GOTDOOK. SPOKTING GOODS							
5. State of Incorporation							
5. State of Incorporation PAWN SHOP							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name ADAM D. DACKO			Vice-President Name				
Street Address 1194 CENTIAL PIKE			Street Address				
City FOSTER	State RI	2ip 02635	City		State	Zip	
ecretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and a	ddresses)	_l	_ 	Check t	he box to indu	cate an attachment	
Director Name Director Name							
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
Crty	State	Zip	City	_	State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Issu	ed .	Chack	he hay to indi	into an alternation 53	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
! `						0	
Changes require an additional filing].					+.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 Date Date							
Signature of Authorized Representative							
Ladam backe FILED							

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 26 2019

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