



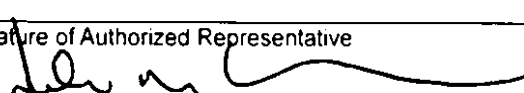
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Corporation

2019

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SECRETARY OF STATE
CORPORATIONS DIV
2019 NOV 13 AM 9:02

- 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 1669591 | | 2. Exact name of the Corporation 3- SONS, INC | | | |
| 3. Principal Office Address 18 THELMA ST | | City NORTH PROVIDENCE | | State RI | Zip 02904 |
| 4. NAICS Code 999999 | | 6. Brief description of the character of business conducted in Rhode Island MANUFACTURING WHOLESALE GOLF PROMOTIONAL ITEMS | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name JOHN CENTRACCHIO | | | Vice-President Name SAME | | |
| Street Address 18 THELMA ST | | | Street Address | | |
| City NORTH PROVIDENCE | State RI | Zip 02904 | City | State | Zip |
| Secretary Name SAME | | | Treasurer Name SAME | | |
| 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 SAME | | | 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 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. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 0 | | | 1.00 |
| 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 JOHN CENTRACCHIO | | | | Date 11/8/19 | |
| Signature of Authorized Representative  | | | | SIGN DOCUMENT HERE 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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FORM 630 - Revised: 02/2017