RI SOS Filing Number: 201927363140 Date: 11/13/2019 9:03:00 AM

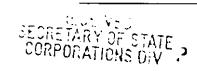


State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation



2019 NOV 13 AM 9: 02

| \rightarrow | Filina | period | January | / 1 | - March | 1 |
|---------------|--------|---------|---------|-----|------------|-----|
| - | | period. | January | , , | - INIGICII | - 1 |

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

| Penalty: Additional \$25.0 Entity ID Number | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|----------------------|------------------------|--------------------------|--|--|--|--|--|
| 1669591 | | 2. Exact name of the Corporation 3- SONS, INC | | | | | | | | | |
| 3 Principal Office Address | | | City | | State Zip | | | | | | |
| 18 THELMA ST | | | NORTH PROVIDENCE | | RI | 02904 | | | | | |
| 4. NAICS Code 999999999 5. State of Incorporation RI | MANUFAC | | cter of business condu | | and | • | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | | | | | | | |
| President Name JOHN CENTRA | Vice-President Name SAME | | | | | | | | | | |
| Street Address 18 THELMA ST | Street Address | | | | | | | | | | |
| City NORTH PROVIDENCE | State RI | Zıp 02904 | Cily | | State | Zıp | | | | | |
| Secretary Name SAME | Treasurer Name SAME | | | | | | | | | | |
| Street Address | Street Address | | | | | | | | | | |
| City | State | Zıp | City | | State | Zip | | | | | |
| 8. List ALL directors (names an | d addresses) | | <u>-</u> | Check ti | ne box to inc | dicate an attachment | | | | | |
| 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 | Zıp | | | | | |
| 9 Shares Authorized | 1 | 10. Shares Iss | sued | Check th | ne box to inc | dicate an attachment | | | | | |
| This information is currently of record in the | | | NUMBER OF SHARES | | CLASS/SERIES PAR VALUE | | | | | | |
| Department of State. | 0 | | | | 1.00 | | | | | | |
| Changes require an additional file | | | | | ., | | | | | | |
| 11 This report must be execute | d on behalf of the | e corporation by an | authorized representa | tive. If the corpora | ation is in th | e hands of a receiver or | | | | | |
| trustee, this report must be exe | cuted on behalf of | of the corporation by | the receiver or trustee | 2. | | | | | | | |
| Under penalty of perjury, I de statements, and that all state. | clare and affirm | that I have examin | ed this report, included | ding any accomp | panying sci | hedules and | | | | | |
| statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date | | | | | | | | | | | |
| JOHN CENTRACCHIO | 11/8/19 | | | | | | | | | | |
| Signature of Authorized Repres | entative | SIGN DO | CUMENT HERE | ED | | | | | | | |
| MAIL TO: | | | | 0.2010 0 | <u> </u> | 111117 | | | | | |

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: 02/2017