



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entry ID No. 950827		2. Exact name of the Corporation 3D Enterprises, Inc.			
3. Principal office address 5600 Post Road		City East Greenwich	State RI	Zip 02818	
4. Business Phone No. (401) 885-2164		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Optical store and associated merchandise services 333249					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kim Chace			Vice-President Name Robert William Chace		
Street Address 130 Hemond Avenue			Street Address 130 Hemond Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Robert William Chace			Treasurer Name Kim Chace		
Street Address 130 Hemond Avenue			Street Address 130 Hemond Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kim Chace			Director Name		
Street Address 130 Hemond Avenue			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0		0

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

**KM
FILED**

DEC 30 2019

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.

Kim Chace President **12/20/19**
Signature of Authorized Representative Date

Kim Chace, President

Print or Type Name of Authorized Representative

BY 3689