

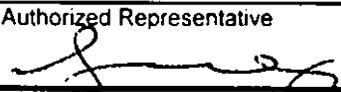


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2020 JAN 27 4 09:08

1. Entity ID Number 67147		2. Exact name of the Corporation VERTICAL ASSOCIATES CO.			
3. Principal Office Address 90 BROAD STREET.		City PAWTUCKET		State RZ	Zip 02860
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENT.			
5. State of Incorporation RZ					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TIN LAI WONG.			Vice-President Name NICHOLAS PERL		
Street Address 903 PROVIDENCE PLACE #453			Street Address 313 MENAHAN ST., APT. 3L		
City PRV.	State RZ	Zip 02903	City BROOKLYN	State NY	Zip 11237
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 TIN LAI WONG.			Director Name NICHOLAS PERL		
Street Address 903 PROVIDENCE PLACE #453			Street Address 313 MENAHAN ST., APT. 3L		
City PRV.	State RZ	Zip 02903	City BROOKLYN	State NY	Zip 11237
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
			600		COMMON
			PAR VALUE		\$1. /
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 TIN LAI WONG. PRESIDENT.				Date 1/2/2020	
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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