RI SOS Filing Number: 202033488390 Date: 1/30/2020 4:00:00 PM



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.

	FILED	
	JAN 3 0 2020 ()2	_
77	5290	

1. Entity ID Number	2. Exact nam	e of the Corporatio	n						
000144482	FINISHLI	FINISHLINE PROMOTIONS & MANUFACTURING, INC.							
3. Principal Office Address			City		State	Zip			
27 ECHO LANE			CRANSTON	l	RI	02921			
4. NAIĈS Code	6. Brief desc	ription of the charac	cter of business c	onducted in Rhode	Island				
339999	TO PURCH	TO PURCHASE, HOLD, SELL, OPERATE AND MANAGE REAL PROPERTY							
5. State of Incorporation	$\dashv$								
RHODE ISLAND									
7. List ALL officers (names and	d addresses)			Chac	ck the box to in	ndicate an attachment 🔲			
President Name ANTHONY MERCURIO			Vice-President Name ANTHONY MERCURIO						
Street Address 27 ECHO LANE		Street Address 27 ECHO LANE							
City CRANSTON	State RI	<sup>Zip</sup> 02921	City CRANSTON		State RI	<sup>Zip</sup> 02921			
Secretary Name ANTHONY MERCURIO			Treasurer Name ANTHONY MERCURIO						
Street Address 27 ECHO LANE		Street Address 27 ECHO LANE							
City CRANSTON	State RI	Zip 02921	City CRANSTON		State RI	<sup>Zip</sup> 02901			
8. List ALL directors (names a	nd addresses)				ck the box to i	ndicate an attachment 🔲			
Director Name			Director Name	•					
Street Address			Street Address						
City	State	Zip	City	<del></del>	State	Zıp			
Director Name	<b>,,</b>		Director Name						
Street Address		_	Street Address	<u> </u>	<del></del>	<del></del> .			
City	State	Zip	City	- <u>-</u>	State	Zip			
9. Shares Authorized		10. Shares Is	10. Shares Issued		Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF SHARES			C. ASS/SERIES PAR VALUE				
		100	!	COMMON		NO PAR			
Changes require an additional f	filing.								
11. This report must be execut	ted on behalf of the	corporation by an	authorized repres	i <u> </u>	rporation is in	the hands of a receiver or			
trustee, this report must be ex-	ecuted on behalf o	f the corporation by	the receiver or tr	ustee.					
Under penalty of perjury, I d				ncluding any acc	ompanying s	cneaules and			
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative						Date			
Anthony Mercurio						1-24-20			
Signature of Authorized Repre	esentative	100	Merci			<del></del> -			
		Meleon	Men	<u> </u>					

MAIL TO:

Division of Business Services

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

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