



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

Annual Report for the year: **2020**
 Corporation

FILED

JAN 30 2020 *OR*

8323

- 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 80766		2. Exact name of the Corporation AFTERGLOW CORPORATION			
3. Principal Office Address 56 Exchange Street			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE MANAGEMENT OF INVESTMENTS OF ANY AND ALL KINDS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HENRY BROMBERG			Vice-President Name ARLENE J. BROMBERG		
Street Address 190 ROYAL PALM DRIVE			Street Address 190 ROYAL PALM DRIVE		
City FT LAUDERDALE	State FL	Zip 33301	City FT LAUDERDALE	State FL	Zip 33301
Secretary Name HENRY BROMBERG			Treasurer Name ARLENE BROMBERG		
Street Address 190 ROYAL PALM DRIVE			Street Address 190 ROYAL PALM DRIVE		
City FT LAUDERDALE	State FL	Zip 33301	City FT LAUDERDALE	State FL	Zip 33301
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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		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	PAR VALUE
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. <i>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.</i>					
Name of Authorized Representative HENRY BROMBERG				Date 1/22/2020	
Signature of Authorized Representative <i>Henry Bromberg, President</i>					