



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

Annual Report for the year: 2020
Corporation

STAMP

- 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 000100200		2. Exact name of the Corporation Captain Bret's Tattoo Shop, Inc			
3. Principal Office Address 4 Collins Street Unit 4A			City Newport	State RI	Zip 02840
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Operation of a tattoo shop and engaging in putting tatoos onto customers			
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 Bret A. Lohnes			Vice-President Name		
Street Address 49 McCormick Road			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Bret A. Lohnes			Treasurer Name Bret A. Lohnes		
Street Address 49 McCormick Road			Street Address 49 McCormick Road		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 Bret A. Lohnes					Date 1-29-2020
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

JAN 31 2020

FORM 630 - Revised: 10/2017

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