



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

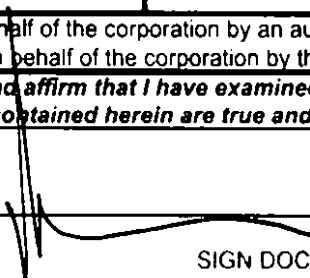
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED****FEB 03 2020**

BY

38201 OS

1. Entity ID Number <b>950888</b>		2. Exact name of the Corporation <b>SKIMETRIX GLOBAL, LTD.</b>			
3. Principal Office Address <b>222 RIVERSIDE DRIVE</b>			City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>
4. NAICS Code <b>339920</b>		6. Brief description of the character of business conducted in Rhode Island <b>MAKE OUTERWEAR</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>RAYMOND FOUGERE</b>			Vice-President Name <b>NONE</b>		
Street Address <b>222 RIVERSIDE DRIVE</b>			Street Address		
City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>	City	State	Zip
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000	CWP	\$0.25	
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.					
<b>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.</b>					
Name of Authorized Representative <b>RAYMOND FOUGERE</b>					Date
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

**MAIL TO:****Division of Business Services**

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)**FORM 630 - Revised: 10/2017**