



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

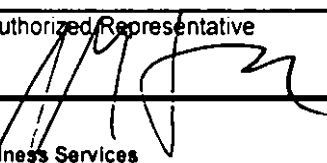
Annual Report for the year: **2020**
Corporation

→ 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
STAMP
2020 FEB -3 PM 1:21
FOR
CORPORATION STATE
USE ONLY

1. Entity ID Number 137600		2. Exact name of the Corporation American Bird Products, Inc.			
3. Principal Office Address 355 Compass Circle, Unit #5			City North Kingstown		State RI
			Zip 02852		
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Manufacturing, assembly & packing of game calls & wildlife feeders. Miscellaneous manufacturing, laser cutting & engraving.			
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 Martin Fox			Vice-President Name		
Street Address 245 Woodruff Ave.			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
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 Martin Fox			Director Name		
Street Address 245 Woodruff Ave.			Street Address		
City Wakefield	State RI	Zip 02879	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
		100	Common	0	
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 Martin Fox					Date 1/31/20
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

FEB 03 2020

BY 

FORM 630 - Revised: 10/2017