



State of Rhode Island and Providence Plantations

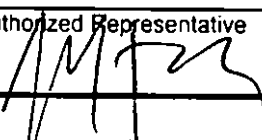
## Department of State - Business Services Division

Annual Report for the year: **2019**  
Corporation

→ 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 <b>137600</b>		2. Exact name of the Corporation <b>American Bird Products, Inc.</b>			
3. Principal Office Address <b>355 Compass Circle, Unit #5</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>339999</b>	6. Brief description of the character of business conducted in Rhode Island <b>Manufacturing, assembly &amp; packing of game calls &amp; wildlife feeders. Miscellaneous manufacturing, laser cutting &amp; engraving.</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Martin Fox</b>			Vice-President Name		
Street Address <b>245 Woodruff Ave.</b>			Street Address		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	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 <b>Martin Fox</b>			Director Name		
Street Address <b>245 Woodruff Ave.</b>			Street Address		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>0</b>	
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>Martin Fox</b>				Date <b>1/31/20</b>	
Signature of Authorized Representative 					

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  WQFSW

FORM 630 - Revised: 10/2017