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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

FILED

FEB 2 0 2020

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.								
1. Entity ID Number	Entity ID Number 2. Exact name of the Corporation							
85922								
3. Principal Office Address		!	City		State	Z	Ľφ	
99 South St.		1	Providence		RI	0) 29 03	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island								
5. State of Incorporation	Manufacturing and Product Development							
	<u> </u>			· · · · · · · · · · · · · · · · · · ·				
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Douglas Stern	Vice-President Name Nadine Mroz							
Street Address 191 Howell St.			Street Address 191 Howell st.					
City Providence	State RI	^{Zip} 02906	City Providence		State ri		^{lip} .02906	
Secretary Name	Treasurer Name							
Street Address			Street Address					
City	State	Zip	City		State		(р	
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name Douglas Stern			Director Name Nadine Mroz					
Street Address 191 Howell St.			Street Address 191 Howell St.					
City Providence	State RI	Zip 02906	City Providence		State RI		^{ip} 02906	
Director Name	<u> </u>			Director Name				
Street Address	Street Address							
City	State	Zip	City		State	Z	jip	
9. Shares Authorized		10. Shares issued	Issued Check		e box to ir	ndicate an	attachment	
This information is currently of recon	d in the	NUMBER OF SH	CHASS/SERGES PAR VALUE					
Department of State. Changes require an additional filing.		1000		common	common \$1.		1.00	
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 Douglas Steps		Date 2/16/2020						
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