



RI SOS Filing Number: 202035444240
State of Rhode Island and Providence Plantations

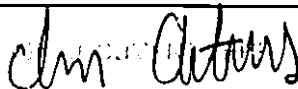
Date: 2/25/2020 4:00:00 PM

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2020 FEB 25 A 10:01

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.

1. Entity ID Number 001691282		2. Exact name of the Corporation SNEAKERSHOUTS LTD			
3. Principal Office Address 186 N Country Club Road			City Warwick	State RI	Zip 02888
4. NAICS Code 454113		6. Brief description of the character of business conducted in Rhode Island Online sneaker sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ivan Antunes			Vice-President Name None		
Street Address 186 N Country Club Road			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name Ivan Antunes			Treasurer Name Ivan Antunes		
Street Address 186 N Country Club Road			Street Address 186 N Country Club Road		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ivan Antunes			Director Name None		
Street Address 186 N Country Club Road			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No 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. 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 Ivan Antunes				Date 1-14-2020	
Signature of Authorized Representative 				FILED FEB 25 2020	

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY Ch. Ck. 142
10:01

FORM 630 - Revised: 10/2017