RI SOS Filing Number: 202037529990 Date: 4/13/2020 4:00:00 PM

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 APR 13 P 2:18
S.A.M.

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.

1. Entity ID Number	2. Exact name of the Corporation			
001263139	Fire and Water Concessions, Inc.			
3. Principal Office Address: 129 Weybosset St.		City: Providence	State: RI	Zip: 02903
4. NAICS Code: 722525	6. Brief description of the character of business conducted in Rhode Island: Beach Concession Stand			
5. State of Incorporation: MA				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Benjamin Wood			Vice-President Name:		
Street Address: 785 Middlebridge Rd.			Street Address:		
City: South Kingstown	State: RI	Zip: 02879	City:	State:	Zip:
Secretary Name: Jessica Wood			Treasurer Name: Jonathan Kauman		
Street Address: 785 Middlebridge Rd.			Street Address: 34 president Ave.		
City: South Kingstown	State: RI	Zip: 02879	City: Providence	State: RI	Zip: 02906

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Benjamin Wood			Director Name: Jonathan Kaufman		
Street Address: 785 Middlebridge Rd.			Street Address: 34 President Ave.		
City: South Kingstown	State: RI	Zip: 02879	City: Providence	State: RI	Zip: 02906
Director Name: Jessica Wood			Director Name:		
Street Address: 785 Middlebridge Rd.			Street Address:		
City: South Kingstown	State: RI	Zip: 02879	City:	State:	Zip:

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	CNP	0.00

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	Date
Jonathan Kaufman	04/08/2020

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
APR 13 2020
BY IQKLY
A.H.
2:19 P.M.

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

FORM 630 - Revised: 10/2017