RI SOS Filing Number: 202037530590 Date: 4/13/2020 2:18:00 PMRECEIVED

R.I. DEPT. OF STATE



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

BUS SVCS DIV 2020 APR 13 \$\mathbb{P}_1, 2: 17

(40s)	
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.

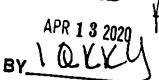
1. Entity ID Number	2. Exact name of the Corporation						
001263139	Fire and Water Concessions, Inc.						
3. Principal Office Address 47 129 Weybosset St.	Principal Office Address Principal Office A			е	State RI	Zip 02903	
4. NAICS Code 3 722525	Brief description of the character of business conducted in Rhode Island Beach Concession Stand						
5. State of Incorporation MA							
7. List ALL officers (names and	addresses)			Che	ck the box to indic	ate 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	Zıp	
Secretary Name Jessica Wood	ica Wood			Treasurer Name Jonathan Kauman			
Street Address 785 Middlebridge Rd.			Street Address 34 president Ave.				
City South Kingstown	State R1	Zip 02879	City Providence		State RI	Zip 02906	
8. List ALL directors (names an	d addresses)		L	Che	eck the box to indic	ate 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		10. Shares Iss	ued 🕶	Che	eck the box to indic	ate an attachment	
This information is currently of r	ecord in the	NLVBER O	VBER OF SHARES		CLASS/SERIES PAR VALUE		
Department of State.		300		CNP		0.00	
Changes require an additional fil	ing.						
11. This report must be execute					rporation is in the	nands 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 state							
Name of Authorized Representative Jonathan Kaufman				Date 04/08/2020			
Signature of Authorized Repres	entative						
		SIGN	CUISE). THERE	FIL	Fn	2	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov



H. H. 2', SDM. FORW 630 - Revised: 10/2017