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

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STATE

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	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
A.A.
2:18pm.

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