



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2020 MAY -6 AM 11:33

1. Entity ID Number 0001660043		2. Exact name of the Corporation Pop On The Block, Inc			
3. Principal Office Address PO Box 1856		City Block Island		State RI	Zip 02807
4. NAICS Code 445292		6. Brief description of the character of business conducted in Rhode Island Gourmet Popcorn sales. through events and fairs			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lisa A. Rose		Vice-President Name N/A			
Street Address 3 Huckleberry Trail		Street Address			
City Saunderstown	State RI	Zip 02874	City	State	Zip
Secretary Name Lisa A. Rose		Treasurer Name Lisa A. Rose			
Street Address 3 Huckleberry Trail		Street Address 3 Huckleberry Trail			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lisa A. Rose		Director Name Justin Hetherington			
Street Address 3 Huckleberry Trail		Street Address 99 Ring St.			
City Saunderstown	State RI	Zip 02874	City Providence	State RI	Zip 02909
Director Name N/A		Director Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			1000	STK	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 Lisa Rose				Date 01/21/2020	
Signature of Authorized Representative <i>Lisa Rose</i>				FILED MAY 06 2020 BY GU4HD A.A. 11:34 A.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