



RI SOS Filing Number: 202040495910 Date: 5/19/2020 11:50:00 AM

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 MAY 19 AM 11:49

1. Entity ID Number <u>1338045</u>		2. Exact name of the Corporation <u>Australian Eucalyptus Oil Company USA</u>	
3. Principal Office Address <u>138 County Street</u>		City <u>Attleboro</u>	State <u>MA</u>
Zip <u>02703</u>			
4. NAICS Code <u>453220</u>	6. Brief description of the character of business conducted in Rhode Island <u>online store - essential oil cleaning products</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Faye LeRoux</u>		Vice-President Name <u>Richard LeRoux</u>	
Street Address <u>138 County St</u>		Street Address <u>138 County St</u>	
City <u>Attleboro</u>	State <u>MA</u>	Zip <u>02703</u>	City <u>Attleboro</u>
State <u>MA</u>	Zip <u>02703</u>	City <u>Attleboro</u>	State <u>MA</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>4</u>	<u>STK</u>
			<u>\$0.0100</u>
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. <u>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.</u>			
Name of Authorized Representative <u>Faye LeRoux</u>		Date <u>5.10.20</u>	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	
		FILED	