



State of Rhode Island

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.

R.I. DEPT. OF STATE
BUSINESS DIV.
2020 OCT -1 AM 11:19

1. Entity ID Number 000798745		2. Exact name of the Corporation Safe Touch Solutions, Inc.			
3. Principal Office Address 203 Summer Street			City Woonsocket	State RI	Zip 02895
4. NAICS Code 8* 322230		6. Brief description of the character of business conducted in Rhode Island SALE OF LAWFUL PRODUCTS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory V. Lukasiewicz			Vice-President Name Jeannette Nicole Lukasiewicz		
Street Address 203 Summer Street			Street Address 203 Summer Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Jeannette Nicole Lukasiewicz			Treasurer Name Jeannette Nicole Lukasiewicz		
Street Address 203 Summer Street			Street Address 203 Summer Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gregory V. Lukasiewicz			Director Name		
Street Address 203 Summer Street			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Director Name Jeannette Nicole Lukasiewicz			Director Name		
Street Address 203 Summer Street			Street Address		
City Woonsocket	State RI	Zip 02895	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	PAR VALUE
		8000.00	STK	\$0.0100/Share	
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 Gregory V. Lukasiewicz					Date 9/29/2020
Signature of Authorized Representative <i>Gregory V. Lukasiewicz</i>					FILED OCT 01 2020 BY <i>cu</i> 54763 11:19