RI SOS Filing Number: 202062019000 Date: 10/6/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

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.

1. Entity ID Number	2. Exact name of the Corporation			
001674068	AMS Cumberland, Inc.			
3. Principal Office Address		City	State	Zip
503 Chestnut Hill Road		Chepachet	RI	02814
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812199	Tanning Salon			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Albert Sinclair			Vice-President Name: Albert Sinclair		
Street Address: 503 Chestnut Hill Road			Street Address: 503 Chestnut Hill Road		
City: Chepachet	State: RI	Zip: 02814	City: Chepachet	State: RI	Zip: 02814
Secretary Name: Albert Sinclair			Treasurer Name: Albert Sinclair		
Street Address: 503 Chestnut Hill Road			Street Address: 503 Chestnut Hill Road		
City: Chepachet	State: RI	Zip: 02814	City: Chepachet	State: RI	Zip: 02814

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Albert Sinclair			Director Name		
Street Address: 503 Chestnut Hill Road			Street Address		
City: Chepachet	State: RI	Zip: 02814	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1,000	CNP	$0.0000

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
Albert Sinclair	9/30/20

Signature of Authorized Representative: [signature] SIGN HERE

FILED
OCT 06 2020
KM

BY 2483

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