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State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual 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.

FILED

OCT 09 2020

7189

1. Entity ID Number 1698839		2. Exact name of the Corporation 2 SIX HOLDINGS, INC.												
3. Principal Office Address P.O. Box 1195			City Coventry	State RI	Zip 02816									
4. NAICS Code 423910		6. Brief description of the character of business conducted in Rhode Island A MANUFACTURER'S REPRESENTATIVE OF PARTS AND ACCESSORIES FOR FIREARMS, BUT NOT THE CONSTRUCTION OR DISTRIBUTION OF FIREARMS, AND ANY OTHER LAWFUL PURPOSE												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name MATTHEW S. WOLFE			Vice-President Name N/A											
Street Address P.O. Box 1195			Street Address											
City Coventry	State RI	Zip 02816	City	State	Zip									
Secretary Name MATTHEW S. WOLFE			Treasurer Name MATTHEW S. WOLFE											
Street Address P.O. Box 1195			Street Address P.O. Box 1195											
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name MATTHEW S. WOLFE			Director Name											
Street Address P.O. Box 1195			Street Address											
City Coventry	State RI	Zip 02816	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR VALUE			
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100	COMMON	NO PAR VALUE												
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 MATTHEW S. WOLFE, PRESIDENT				Date February 18, 2020										
Signature of Authorized Representative 														

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov