



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.

**FILED**

OCT 09 2020

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

MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov