



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

Annual Report for the year: 2020  
**Corporation**

NOV 04 2020  
 BY 49804  
202

- 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 000011015		2. Exact name of the Corporation Torbot Group, Inc.			
3. Principal Office Address 1367 Elmwood Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>real estate</u>			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Kenneth Sheetz			Vice-President Name Angela Zablocki		
Street Address 5856 Winslow Road			Street Address 3461 Curtice Road		
City Whitehouse	State OH	Zip 43571	City Northwood	State OH	Zip 43619
Secretary Name Kenneth Sheetz			Treasurer Name Angela Zablocki		
Street Address 5856 Winslow Road			Street Address 3461 Curtice Road		
City Whitehouse	State OH	Zip 43571	City Northwood	State OH	Zip 43619
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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.			NUMBLR OF SHARES		
			CLASS/SEHLS		PAR VALUE
			100	Common	No Par
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. <b>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.</b>					
Name of Authorized Representative Kenneth Sheetz				Date <u>10/30/20</u>	
Signature of Authorized Representative <u>Kenneth R. Sheetz</u>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov