



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2020
Corporation

DEC 08 2020

BY 1082719
DS

- 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 000135485		2. Exact name of the Corporation Appliance Warehouse of America, Inc.			
3. Principal Office Address 303 SUNNYSIDE BLVD, SUITE 70			City PLAINVIEW	State NY	Zip 11803
4. NAICS Code 532210		6. Brief description of the character of business conducted in Rhode Island LAUNDRY APPLIANCE LEASE			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARK HJELLE			Vice-President Name JAY EPSTEIN		
Street Address 303 SUNNYSIDE BLVD, SUITE 70			Street Address 303 SUNNYSIDE BLVD, SUITE 70		
City PLAINVIEW	State NY	Zip 11803	City PLAINVIEW	State NY	Zip 11803
Secretary Name			Treasurer Name MARISA BUZZANCA		
Street Address			Street Address 303 SUNNYSIDE BLVD, SUITE 70		
City	State	Zip	City PLAINVIEW	State NY	Zip 11803
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARK HJELLE			Director Name		
Street Address 303 SUNNYSIDE BLVD, SUITE 70			Street Address		
City PLAINVIEW	State NY	Zip 11803	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			10,000	CWP	\$0.0100
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 Marisa Buzzanca				Date 12/3/2020	
Signature of Authorized Representative <i>Marisa Buzzanca</i>					

MAIL TO:
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