RI SOS Filing Number: 202185858960 Date: 1/11/2021 12:58:00 PM

State of Rhode Island Department of State	e - Business	Services Di	vision			
Annual Report for the yea	r: 2	017				
Corporation						
→ Filing period: January 1 - Ma → Filing Fee: \$50.00	arch 1					
→ Penalty: Additional \$25.00 fee	e if form is not file	ed by April 1.			<u> </u>	
Entity ID Number	2. Exact name of	the Corporation				
000912403	Ready	Imagina.	Inc.			
3. Principal Office Address			City		State	Zip
PO BOX 1318			Manch	iestu_	CT	06045-1318
4. NAICS Code	6. Brief description	n of the character	of business co	onducted in Rhode Is intenance an	and	ina of
423990	undesale	DISTROUT	ion. Ivia	milenance an	· · · · · ·	1.3
5. State of Incorporation	gas stat	(0.100-				
CT						<u>. </u>
7. List ALL officers (names and addresses)			Check the box to indicate an attachment			
President Name + E. Whiting			Vice-President Name			
Street Address			Street Address			
336 Knob Hill R	A	Izin	City		State	Zip 💆
"Meriden	State	Zip 06451	City		State	21 B.C.
Secretary Name Now			Treasurer Nam		•	A STREET
Street Address			Street Address			
City	State	Zip	City		State	TIP OT A
8. List ALL directors (names and ad-	dresses)	<u> </u>	1		he box to ir	ndicate an attachment 🔲
Director Name Albut E. Whit	Director Name	None		<u>б</u>		
Street Address 330 Knch Hill Rd			Street Address			
City Meriden Director Name	State CT	06451	City		State	Zip
Director Name		<u> </u>	Director Name	- 1A	<u> </u>	<u>. </u>
Street Address			Street Address			
			Street Address	•		
City	State	Zip	City		State	Zip
Shares Authorized This information is currently of record in the		10. Shares Issued NUMBER OF SHARES CLA		Check CLASS/SERIES	Check the box to indicate an attachment SSERIES PAR VALUE	
Department of State.	•	_		CNP		
Changes require an additional filing.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	000	UNI		
44 This area at a said	. b . b . b . 2 . 2 . 2					
 This report must be executed or trustee, this report must be execute 					ration is in t	tne hands of a receiver or
Under penalty of perjury, I declar	e and affirm that	I have examined	l this report, i		panying s	chedules and
statements, and that all statements Name of Authorized Representative		rein ar <u>e true and</u>	correct.		Date	
Albert E. Whiting Signature of Authorized Representative					12	131/20
Avih/g						
MAIL TO: Division of Business Services JAN 1 1 2021						
148 W. River Street, Providence, Rhode Island 02904-2615						
Phone: (401) 222-3040 Website: www.sos.ri.gov			r 10		, F	FORM 630 - Revised: 08/2020
11403116: 11114.303.11.404				1 V - 7)		