



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 9902		2. Exact name of the Corporation AUGUST W. MENDE INC.		
3. Principal office address 235 Chalkstone Avenue		City Providence	State R.I	Zip 02908
4. Business Phone No. 401-331-5484		5. State of Incorporation Rhode ISLAND		
6. Brief description of the character of business conducted in Rhode Island General Woodworking (333243)				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Shirley V. MENDE		Vice-President Name Robert H. Mendel		
Street Address 12 BIGELOW Rd		Street Address 12 Bigelow Rd Johnston		
City Johnston	State R.I	Zip 02919	City Johnston	State R.I
Secretary Name Shirley V. Mendel		Treasurer Name Robert H. Mendel		
Street Address 12 BIGELOW RD		Street Address 12 Bigelow Rd		
City Johnston	State R.I	Zip 02919	City Johnston	State R.I
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Shirley V. Mendel		Director Name Robert H. Mendel		
Street Address 12 BIGELOW Rd		Street Address 12 Bigelow Rd Johnston		
City Johnston	State R.I	Zip 02919	City Johnston	State R.I
Director Name Susan Pagliaro		Director Name		
Street Address Mowbray Avenue		Street Address		
City Johnston	State R.I	Zip 02919	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.				

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

KM

JAN 28 2021

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.

Signature of Authorized Representative [Signature] Date 1-22-21

Print or Type Name of Authorized Representative Robert H. Mendel

BY 19778