



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. Mende			
Street Address 12 BIGELOW Rd		Street Address 12 Bigelow Rd Johnston			
City Johnston	State R.I	Zip 02919	City Johnston	State R.I	Zip 02919
Secretary Name Shirley V. Mende		Treasurer Name Robert H. Mende			
Street Address 12 BIGELOW Rd		Street Address 12 Bigelow Rd			
City Johnston	State R.I	Zip 02919	City Johnston	State R.I	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Shirley V. Mende		Director Name Robert H. Mende			
Street Address 12 BIGELOW Rd		Street Address 12 Bigelow Rd Johnston			
City Johnston	State R.I	Zip 02919	City Johnston	State R.I	Zip 02919
Director Name Susan Pagliaro		Director Name			
Street Address Mowry Avenue		Street Address			
City Johnston	State R.I	Zip 02919	City	State	Zip
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		165	Common	No Par Value	

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

Form No. 630
Revised: 01/2012

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.

FILED **KM** **1-22-21**
Signature of Authorized Representative _____ Date _____

Robert H. Mende

Print or Type Name of Authorized Representative

BY 19778