



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

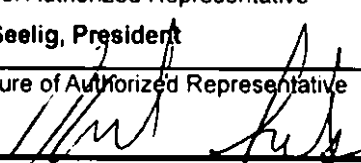
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JAN 29 P 2:10

1. Entity ID Number 1679853		2. Exact name of the Corporation Deck Street Consultants, Inc.									
3. Principal Office Address 11 Deck Street			City Jamestown	State RI	Zip 0235						
4. NAICS Code 541618		6. Brief description of the character of business conducted in Rhode Island Consulting services to various businesses and any other lawful business.									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐											
President Name Karl Seelig			Vice-President Name Karl Seelig								
Street Address 11 Deck Street			Street Address 11 Deck Street								
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835						
Secretary Name Karl Seelig			Treasurer Name Karl Seelig								
Street Address 11 Deck Street			Street Address 11 Deck Street								
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835						
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐											
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 Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10	Common	No Par Value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
10	Common	No Par Value									
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 Karl Seelig, President				Date 1-8-21							
Signature of Authorized Representative 											

SIGN DOCUMENT HERE

JAN 29 2021

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