RI SOS Filing Number: 202189087140 Date: 1/29/2021 4:00:00 PM

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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BUS SVCS DIV
2021 JAN 29 P 2:10

1. Entity ID Number	2. Exact name of the Corporation			
1679853	Deck Street Consultants, Inc.			
3. Principal Office Address		City	State	Zip
11 Deck Street		Jamestown	RI	0235
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541618	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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	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	Date
Karl Seelig, President	1-8-21

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
JAN 29 2021

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

727.00

FORM 630 - Revised: 10/2017