KKINTER 01/05/2021 1 RJ-SOS Filing Number: 202189456360 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: Corporation

2021

- → Filing period: January 1 March 1
- → Filing Fee. \$50 00
- → Penalty Additional \$25.00 fee if form is not filed by April 1.

FILED	n original o
,54	1200

						-				
1 Entity ID Number	2. Exact name of the Corporation									
000907951	000907951									
3 Principal Office Address				City			State	Zip		
2230 SUPERIOR ST	ŗ			SANDU	ISKY		ОН	44870		
4 NAICS Code	6 Brief descripti	on o	f the character of busi	siness conducted in Rhode Island						
423200										
5 State of Incorporation										
OH WHLSALE SALES-HOME DECOR										
								te an attachment		
President Name				Vice-President Name						
KYLE R CAMP										
Street Address				Street Address						
1000 VENETIAN WA	AY #2004									
City	State	Zıp		City		State		Zıp		
MIAMI BEACH	FL	3	3139							
Secretary Name				Treasurer	Name					
MARK P WALLS				MARK P WALLS						
Street Address				Street Address						
841 CROSSTREE LA	CROSSTREE DANE			841 CROSSTREE LANE						
City	State	Ζiρ	ı	City		State		Zip		
SANDUSKY	ОН	4	4870	SANDU	ISKY	OH		44870		
8. List ALL directors (names and	addresses)			Check the box to indicate an attachment						
Director Name					Director Name					
KYLE R CAMP										
Street Address				Street Address						
1000 VENETIAN WAY #2004										
City	State	Zip		City		State		Zip		
MIAMI BEACH	FL	3	3139							
Director Name				Director Name						
Street Address				Street Address						
City State Zig					State	I	Zıp			
J,	3.0.0	-"		City		J.E.E		-·····································		
9. Shares Authorized			10 Shares Issued	10 Shares Issued Check th				te an attachment		
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIE\$			PAR VALUE			
Department of State.			500	22.3.7.4.1				i		
Changes require an additional filing.										
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 on tailed therein are true and correct.										
Name of Authorized Representat	ive \\\	ıΨ	1/14			7	ate	1		
<u> </u>	1. An	<u> </u>	Wave			1	<u>` 11</u>	12/21		
Signature of Authorized Represe	ntative	_					τ	1		
MARK P WALLS										

## MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov