



State of Rhode Island

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.

FILED

FEB 04 2021

BY

1. Entity ID Number 000083224		2. Exact name of the Corporation B.I.T.'S, INC.	
3. Principal Office Address 26 WATER STREET, P.O. BOX 1377		City BLOCK ISLAND	State RI Zip 02807
4. NAICS Code 448150	6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A RETAIL BUSINESS FOR THE SALE OF CLOTHING AND OTHER MERCHANDISE		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOHN CULLEN		Vice-President Name SARAH CULLEN	
Street Address 1123 CONNECTICUT AVENUE		Street Address 1123 CONNECTICUT AVENUE	
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND State RI Zip 02807
Secretary Name NONE		Treasurer Name NONE	
Street Address		Street Address	
City	State	Zip	City State Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	City State Zip
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	City State Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 400	CLASS/SERIES COMMON PAR VALUE NO PAR
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 JOHN CULLEN		Date X 1/27/2021	
Signature of Authorized Representative X [Signature]			

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

FORM 630 - Revised: 08/2020