RI SOS Filing Number: 202191551240 Date: 2/16/2021 4:00:00 PM

FILED



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

Entity ID Number	2. Exact name of the Corporation						
000144482	FINISHLI	FINISHLINE PROMOTIONS & MANUFACTURING, INC.					
3 Principal Office Address			City		State	Zip	
27 ECHO LANE			CRANSTON		RI	02921	
4. NAICS Code	6. Brief descr	scription of the character of business conducted in Rhode Island					
339999	TO PURCH	TO PURCHASE, HOLD, SELL, OPERATE AND MANAGE REAL PROPERTY					
5. State of Incorporation					٠.		
RHCDE ISLAND	ł				-		
7. List ALL officers (names ar	nd addresses)				the box to in	idicate an attachment	
President Name ANTHONY MERCURIO			Vice-President Name ANTHONY MERCURIO				
Street Address 27 ECHO LANE			Street Address 27 ECHO LANE				
City CRANSTON	State RI	^{Zip} 02921	Cily CRANSTON		State RI	Zip 02921	
Secretary Name ANTHONY MERCURIO			Treasurer Name ANTHONY MERCURIO				
Street Address 27 ECHO LANE			Street Address 27 ECHO LANE				
City CRANSTON	State RI	^{Zip} 02921	City CRANSTON		Slate RI	Zip 02901	
3. List ALL directors (names	and addresses)			Check	k the box to in	ndicate 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	
Shares Authorized	Shares Authorized 10. Share		Issued Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
•		100		COMMON		NO PAR	
Changes require an additional	filing.	· · · · · · · · · · · · · · · · · · ·			-		

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

A = 45 = --- . B = -- .

Anthony Mercurio

Signature of Authorized Representative

milion Menn

MAIL TO:

Division of Business Services

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

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