



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 22 2021

BY

1. Entity ID Number 000794281		2. Exact name of the Corporation Exhibit Works, Inc.												
3. Principal Office Address 2401 S Gulley Rd			City Dearborn	State MI	Zip 48124									
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island Labor for assembly and dismantling trade show exhibits at convention centers													
5. State of Incorporation Michigan														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Ronald Gasparotto			Vice-President Name Dominic Silvio											
Street Address 2401 S Gulley Rd			Street Address 2401 S Gulley Rd											
City Dearborn	State MI	Zip 48124	City Dearborn	State MI	Zip 48124									
Secretary Name Tonya McCutcheon			Treasurer Name Kendra Pond											
Street Address 2401 S Gulley Rd			Street Address 2401 S Gulley Rd											
City Dearborn	State MI	Zip 48124	City Dearborn	State MI	Zip 48124									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>116,628</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	116,628	CNP	0.00			
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116,628	CNP	0.00												
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 Kendra Pond					Date 2/11/21									
Signature of Authorized Representative 														

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