



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 000061404		2. Exact name of the Corporation Orion Retail Services & Fixturing, Inc.												
3. Principal Office Address 270 Jenckes Hill Road			City Smithfield	State RI	Zip 02917									
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Manufacture, sale and installation of furniture, flooring and fixtures.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Kenneth S. Musket			Vice-President Name Thomas McKay											
Street Address 270 Jenckes Hill Road			Street Address 270 Jenckes Hill Road											
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917									
Secretary Name Thomas McKay			Treasurer Name Kenneth S. Musket											
Street Address 270 Jenckes Hill Road			Street Address 270 Jenckes Hill Road											
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name None			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>271</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	271	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
271	Common	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. <b>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.</b>														
Name of Authorized Representative Kenneth S. Musket				Date FEBRUARY 18, 2021										
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