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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 01 2021
BY

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.

1. Entity ID Number	2. Exact name of the Corporation		
157208	Pouch All, Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
541 Garman Avenue	Davenport	FL	33837
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
423990	Import velour pouches for wholesale		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name Ronald Renzi			Vice-President Name Ronald Renzi		
Street Address 541 Garman Avenue			Street Address 541 Garman Avenue		
City Davenport	State FL	Zip 33837	City Davenport	State FL	Zip 33837
Secretary Name Ronald Renzi			Treasurer Name Ronald Renzi		
Street Address 541 Garman Avenue			Street Address 541 Garman Avenue		
City Davenport	State FL	Zip 33837	City Davenport	State FL	Zip 33837

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name Ronald REnzi			Director Name		
Street Address 541 Garman Avenue			Street Address		
City Davenport	State FL	Zip 33837	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 Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	$0.01

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	Date
RONALD RENZI	2/24/2021

Signature of Authorized Representative
Ronald Renzi

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