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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR -2 P 1:04

1. Entity ID Number	2. Exact name of the Corporation
001701514	AXINE USA INC.

3. Principal Office Address	City	State	Zip
1037 NE 65TH St #81784	SEATTLE	WA	98115

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
566219	The Company provides services to treat clients waste warter with proprietary equipment
5. State of Incorporation	
DE	

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

President Name	Vice-President Name
JONATHAN RHONE	GORAN SPARICA
Street Address: 4144 WEST 13TH AVENUE	Street Address: 3212 YUKON STREET
City: VANCOUVER, State: BC, Zip: V6R 2T6	City: VANCOUVER, State: BC, Zip: V5Y 3R9
Secretary Name	Treasurer Name
Street Address	Street Address
City, State, Zip	City, State, Zip

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

Director Name	Director Name
GREGORY PEET	
Street Address: 2535 CRESCENT DRIVE	Street Address
City: SURREY, State: CA, Zip: V4A 3J9	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
1000	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
JONATHAN RHONE	3/1/2021

FILED
MAR 2 2021
BY

Signature of Authorized Representative
JR
US 3:0 (Mar 1, 2021 16:00 PST)

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