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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Corporation

| 2021 | | | |
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| | | | |

→ Filing period. January 1 - March 1

→ Filing Fee. \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1

| | 1. .t. J |
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| BY_ | MAR 0 5 2021 |
| | |

| 1 Entity ID Number | 2. Exact name | 2. Exact name of the Corporation | | | | | | |
|---|-----------------------|--|--|---------------|-----------------------|-------------------------------|--|--|
| 000014171 | | Van & Company, Inc. | | | | | | |
| 3. Principal Office Address | I | | City | | State | Zip | | |
| 547 Weeden Street | | | | | RI | 02860 | | |
| 4. NAICS Code | 6. Brief descrip | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 321920 Wood Contain | er M Wholesale Ma | Wholesale Manufacturers of Instrument, Industrial, Carring, Protective and Special Wood Cases with | | | | | | |
| 5. State of Incorporation | some availabl | | | . 0. | • | | | |
| RI | | | | | | | | |
| 7. List ALL officers (names a | nd addresses) | - | T | | ck the box to indi | cate an attachment 🔲 | | |
| President Name Robert L. Van Herpe | | | Vice-President Name Micheal L. Van Herpe | | | | | |
| Street Address 18 Lake View Drive | | | Street Address 146 Prey Hill Road | | | | | |
| City Chepachet | State RI | ^{Zip} 02814 | City Chepac | het | State RI | Zip 02814 | | |
| ecretary Name Maureen E. Van Herpe | | | Treasurer Name Maureen E. Van Herpe | | | | | |
| Street Address 18 Lake View Drive | | | Street Address 18 Lake View Drive | | | | | |
| Chepachet - | State R1 | Zip 02814 | City Chepachet | | State RI | ^{7ip} 02814 | | |
| 8. List ALL directors (names | and addresses) | | - | | ck the box to indi | cate an attachment | | |
| Director Name None | | | Director Name None | | | | | |
| Street Address | | | Street Address None | | | | | |
| City None | State None | Zip None | City None | | State None | Zip None | | |
| Director Name None | | | Director Name None | | | | | |
| Street Address None | | | Street Address None | | | | | |
| City None | State None | Zip None | City None | · | State None | Zip None | | |
| 9. Shares Authorized | | 10. Shares Iss | | | | cate an attachment PAR VALUE | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES None | | None | CIASS/SERIFS None No | | | |
| | | None | | None | 1 | None | | |
| 11 This report must be exec | | | | | poration is in the | hands of a receiver or | | |
| trustee, this report must be e Under penalty of perjury, I statements, and that all sta | declare and affirm th | at I have examin | ed this report, | | ompanying sche | edules and | | |
| Name of Authorized Represe | | <u>चाटाम बार पायर श्र</u> | ia correct. | • | Date | | | |
| Robert L. Van Herpe | | | , / | - 1 | 3-2 | 2-21 | | |
| Signature of Authorized Rep | resentative |) / / / | | _ | <u> </u> | | | |
| | /), | ////// | | | | | | |
| MAIL TO: | | 1100 | | • | | | | |

Division of Business Services

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

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