



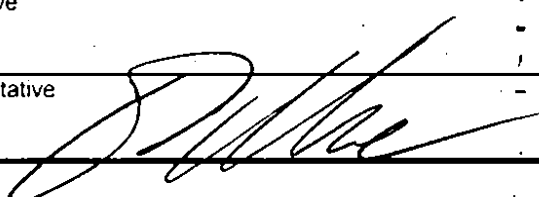
State of Rhode Island
Department of State - Business Services Division

MAR 05 2021

Annual Report for the year: 2021
 Corporation _____

BY 3133
DS

- 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 000014171		2. Exact name of the Corporation Van & Company, Inc.			
3. Principal Office Address 547 Weeden Street		City Pawtucket		State RI	Zip 02860
4. NAICS Code 321920 Wood Container M		6. Brief description of the character of business conducted in Rhode Island Wholesale Manufacturers of Instrument, Industrial, Carring, Protective and Special Wood Cases with some available on-line.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Chepachet	State RI	Zip 02814
Secretary Name Maureen E. Van Herpe			Treasurer Name Maureen E. Van Herpe		
Street Address 18 Lake View Drive			Street Address 18 Lake View Drive		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address None			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 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.		NUMBER OF SHARES	CLASS/SERIFS	PAR VALUL	
		None	None	None	
		None	None	None	
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 Robert L. Van Herpe				Date 3-2-21	
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