RI SOS Filing Number: 202193668270 Date: 3/5/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual	Report	for the	year:	2021
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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

Entity ID Number	2. Exact nam	ne of the Corporation	n					
000138365	Adam's Aqu	Adam's Aquatics Inc						
3. Principal Office Address			City		State	Zip		
6637 Post Road			North Kings	stown	RI	028502		
4. NAICS Code	6. Brief desc	ription of the charac	cter of business o	conducted in Rhoo	de Island			
453910	Retail Sales	Retail Sales of Pets and Pet Supplies						
5. State of Incorporation								
RI								
7. List ALL officers (names and	addresses)				eck the box to indi	cate an attachment		
President Name Adam Heroux			Vice-President Name Adam Heroux					
Street Address 21 Howard Ave			Street Address SAME					
City Hope	State RI	Z ₁ p ₀₂₈₃₁	C ty		State	Zıp		
Secretary Name Adam Heroux			Treasurer Name Adam Heroux					
Street Address SAME			Street Address	Street Address SAME				
City	State	Zip	C.ty		State	Zip		
8. List ALL directors (names an	d addresses)	L		Chi	eck the box to indi	cate an attachment		
Director Name Adam Heroux			Director Name	Director Name Adam Heroux				
Street Address SAME			Street Address SAME					
Öily	State	Zip	City		State	Zip		
Director Name			Director Name	Director Name				
Street Address			Street Address	Street Address				
City	State	Zρ	City		State	Ζιρ		
9. Shares Authorized		10. Shares Issued		Che	Check the box to indicate an attachment			
This information is currently of record in the			NUMBER OF SHARES		CLASSISERIES PAR VALUE			
Department of State.		100%		CNP		0		
Changes require an additional fil	ing.							
11. This report must be execute					orporation is in the	hands of a receiver or		
trustee, this report must be exe						adulas and		
Under penalty of perjury, I de statements, and that all state				including any ac	companying scn	eaules and		
<u>statements, and that all statements contained herein are true and correct.</u> Name of Authorized Representative					Date			
Adam Heroux			03/01/2021					
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