RI SOS Filing Number: 202193668540 Date: 3/5/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 5 2021

BY 1230

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
98550	**Slightly Unstables, Inc.**

3. Principal Office Address	City	State	Zip
171 Chase Road	**Portsmouth**	**RI**	**02871**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
11 - Agriculture, Forestry, Fishi	**To operate a gentleman's farm including animal husbandry and agriculture**
5. State of Incorporation: **Rhode Island**	

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

President Name	Vice-President Name
Cort B. Chappell	**Jamie M. Chappell**
Street Address: **80 Evans Way**	Street Address: **80 Evans Way**
City: **Portsmouth** State: **RI** Zip: **02871**	City: **Portsmouth** State: **RI** Zip: **02871**
Secretary Name: **Cort B. Chappell**	Treasurer Name: **Jamie M. Chappell**
Street Address: **80 Evans Way**	Street Address: **80 Evans Way**
City: **Portsmouth** State: **RI** Zip: **02871**	City: **Portsmouth** State: **RI** Zip: **02871**

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

Director Name	Director Name
N/A	**N/A**
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name: **N/A**	Director Name: **N/A**
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This Information is currently of record in the Department of State.	**0**	**CNP**	**0**
Changes require an additional filing.			

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
Cort B. Chappell, President/Secretary	2/26/21

Signature of Authorized Representative

SIGN DOCUMENT HERE

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: 10/2016