



State of Rhode Island

Department of State - Business Services Division

FILED

MAR 5 2021

BY AL 1013

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 1699547		2. Exact name of the Corporation The Oxalis Group Inc.												
3. Principal Office Address 39 Winter Avenue			City Warwick	State RI	Zip 02889									
4 NAICS Code 424120		6. Brief description of the character of business conducted in Rhode Island Sale of greeting cards.												
5 State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Dana Zitnick			Vice-President Name Robin L. Coppolelli											
Street Address 39 Winter Avenue			Street Address 39 Winter Avenue											
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889									
Secretary Name Robin L. Coppolelli			Treasurer Name Dana Zitnick											
Street Address 39 Winter Avenue			Street Address 39 Winter Avenue											
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>\$.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	\$.01			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		200	Common	\$.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 Dana Zitnick, President					Date 2/25/2021									
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

FORM 630 - Revised: 08/2020