State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2020

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		
000008223	DOUBLE A REFRESHMENTS CO., INC.		
3. Principal Office Address	**City**	**State**	**Zip**
145 DRUM ROCK AVENUE	WARWICK	RI	02886
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
722513	SALES OF FROZEN LEMONADE SEASONAL		
5. State of Incorporation			
RI			

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

President Name	Street Address	City	State	Zip
LUIGI R CASTELLI	145 DRUM ROCK AVE	WARWICK	RI	02886

Vice-President Name	Street Address	City	State	Zip
LUIGI R CASTELLI	145 DRUM ROCK AVE	WARWICK	RI	02886

Secretary Name	Street Address	City	State	Zip
LUIGI R CASTELLI	145 DRUM ROCK AVE	WARWICK	RI	02886

Treasurer Name	Street Address	City	State	Zip
LUIGI R CASTELLI	145 DRUM ROCK AVE	WARWICK	RI	02886

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
400	CNP	0.0000

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
LUIGI R CASTELLI	02/08/21

Signature of Authorized Representative: Luigi R Castelli

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 08/2020