RI SOS Filing Number: 202194662420 Date: 3/17/2021 4:00:00 PM

State of Rhode Island

State of Rhode Island Department of State - Business Services [Division	Division			
Annual Report for the year: Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.				MAR 1-7 2021 TAR1P			
			ву				
1. Entity ID Number	2. Exact name	e of the Corporatio	on				
000098188	Tavares New	s Inc.					
3. Principal Office Address			City	<u></u>	State	Zıp	
30 High St.			Pawtucket		RI	02860	
4. NAICS Code	6. Brief descri	ief description of the character of business conducted in Rhode Island					
451212	Newsstand	stand					
5. State of Incorporation	┑						
Rhode Island							
7. List ALL officers (names and	d addresses)				e box to inc	dicate an attachment 🔲	
President Name Frank Tavares			Vice-President Nar	Vice-President Name			
Street Address 11 Marsden Ct.			Street Address	Street Address			
City Seekonk	State MA	Zip 02771	City		State	Zip	
Secretary Name		<u> 1</u>	Treasurer Name	Treasurer Name			
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
8. List ALL directors (names ar	nd addresses)			Check th	e box to inc	dicate an attachment	
Director Name Frank Tavares			Director Name	Director Name			
Street Address 11 Marsden Ct.			Street Address				
City Seekonk	State MA	Zip 02771	City	•	State	Zip	
Director Name			Director Name	Director Name			
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
9. Shares Authorized			10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State.		None	OF SHARES	CLASS/SERIES		PAR VALUE	
Changes require an additional filing.							
11. This report must be execut	ted on behalf of the	corporation by an	authorized representa	ative. If the corpora	tion is in the	e hands of a receiver or	
trustee, this report must be exe	ecuted on behalf of t	the corporation by	the receiver or truste	:e .			
Under penalty of perjury, I do statements, and that all state	ements contained I	1at i have examin <u>herein are true ai</u>	ied this report, inclu nd correct.	iding any accomp		redules and	
Name of Authorized Represent Frank Tavares		Date 3/12/2/					
Signature of Authorized Repre-	esentative				/	101/01	
March Jana	_						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov