State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

STAMP

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R.I. DEPT. OF STATE FOR
BUS SVCS DIV

2021 MAR 19 A 11:23

1. Entity ID Number	2. Exact name of the Corporation			
001691282	SNEAKERSHOUTS LTD			
3. Principal Office Address		City	State	Zip
186 N Country Club Road		Warwick	RI	02888
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
448210	Online sneaker sales			
5. State of Incorporation				
RI				

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

President Name: Ivan Antunes			Vice-President Name: None		
Street Address: 186 N Country Club Road			Street Address		
City: Warwick	State: RI	Zip: 02888	City	State	Zip
Secretary Name: Ivan Antunes			Treasurer Name: Ivan Antunes		
Street Address: 186 N Country Club Road			Street Address: 186 N Country Club Road		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888

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

Director Name: Ivan Antunes			Director Name: None		
Street Address: 186 N Country Club Road			Street Address		
City: Warwick	State: RI	Zip: 02888	City	State	Zip
Director Name: None			Director Name: None		
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.	100	Common	No Par Value
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
Ivan Antunes	Ivan Antunes	1-15-2021

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED

MAR 19 2021

BY Cu Ck# 116

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: 10/2017