RI SOS Filing Number: 202195063730 Date: 3/29/2021 4:00:00 PM

State of Rhode Island
**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.

**FILED STAMP**
MAR 29 2021
BY 995008

| 1. Entity ID Number | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 1707597 | AKW VIRTUAL, INC. | | | |
| 3. Principal Office Address | | City | State | Zip |
| 11 Constitution Street | | Bristol | RI | 02809-0000 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 446120 | marketing and sale of personal care products and services | | | |
| 5. State of Incorporation | | | | |
| RI | | | | |

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

| President Name | | | Vice-President Name | | |
|---|---|---|---|---|---|
| Alayne K. White | | | none | | |
| Street Address | | | Street Address | | |
| 11 Constitution Street | | | none | | |
| City | State | Zip | City | State | Zip |
| Bristol | RI | 02809- | none | none | none |
| Secretary Name | | | Treasurer Name | | |
| Alayne K. White | | | Alayne K. White | | |
| Street Address | | | Street Address | | |
| 11 Constitution Street | | | 11 Constitution Street | | |
| City | State | Zip | City | State | Zip |
| Bristol | RI | 02809- | Bristol | RI | 02809- |

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

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| Alayne K. White | | | none | | |
| Street Address | | | Street Address | | |
| 11 Constitution Street | | | none | | |
| City | State | Zip | City | State | Zip |
| Bristol | RI | 02809- | none | none | none |
| Director Name | | | Director Name | | |
| none | | | none | | |
| Street Address | | | Street Address | | |
| none | | | none | | |
| City | State | Zip | City | State | Zip |
| none | none | none | none | none | none |

| 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 |
| 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 |
|---|---|---|
| Alayne K. White | President | 1/04/2021 |

Signature of Authorized Representative
Alayne K. White, President

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