RI SOS Filing Number: 202195205950 Date: 3/30/2021 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.

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2021 MAR 30 P 1:40

1. Entity ID Number	2. Exact name of the Corporation
000064451	AKM, INC.

3. Principal Office Address	City	State	Zip
45 BROWN AVENUE	JOHNSTON	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	TO AQUIRE BY PURCHASE, LEASE OR OTHERWISE TO IMPROVE AND DEVELOP REAL ESTATE PROPERTIES.
5. State of Incorporation: RHODE ISLAND	

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

President Name	Vice-President Name
ANGELA BOSCIA	ANGELA BOSCIA
Street Address: 45 BROWN AVENUE	Street Address: 45 BROWN AVENUE
City: JOHNSTON State: RI Zip: 02919	City: JOHNSTON State: RI Zip: 02919
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

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

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
1000	COMMON	NONE

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
ANGELA BOSCIA	3/26/21

Signature of Authorized Representative: Angela Boscia

MAR 30 2021

BY

1:40

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