



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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAR 31 P 2:48

1. Entity ID Number 134606		2. Exact name of the Corporation Apex Holdings, Inc.			
3. Principal Office Address 100 Main Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 523930		6. Brief description of the character of business conducted in Rhode Island To make and manage investments			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Andrew A. Gates			Vice-President Name		
Street Address 100 Main Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Andrew A. Gates			Treasurer Name Andrew A. Gates		
Street Address 100 Main Street			Street Address 100 Main Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Andrew A. Gates			Director Name		
Street Address 100 Main Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	Common	S.01PAR	
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 Andrew A. Gates					Date 2/21/21
Signature of Authorized Representative 					

FILED

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

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 BY KD3RW
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 FORM 6300 Revised: 08/2020