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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BUS SVCS DIV
2021 MAY -4 P 3:26

1. Entity ID Number	2. Exact name of the Corporation			
167047 5	**Hardcore Hobbies Co.**			
3. Principal Office Address		City	State	Zip
1278 Nooseneck Hill Rd.		Coventry	RI	02816
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
451120	Retail hobby shop specializing in remote control vehicles and their parts and accessories.			
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		
Justin Allen			Christina Allen		
Street Address			Street Address		
21 Rejane St.			21 Rejane St.		
City / State / Zip			City / State / Zip		
Coventry	RI	02816	Coventry	RI	02816
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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	6		

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
Christina Allen	5/4/2021

Signature of Authorized Representative

FILED C
MAY 04 2021
BY CH SZAMT
3:29

MAIL TO:
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