



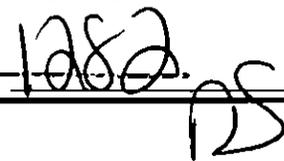
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

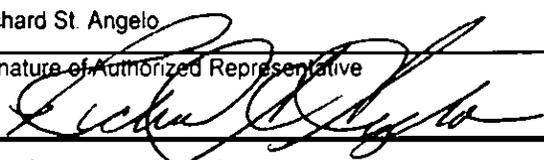
Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JUN 04 2021

BY 1282 

1. Entity ID Number 118908		2. Exact name of the Corporation 2 Saints, Incorporated DS			
3. Principal Office Address 81-B Western Industrial Drive			City Cranston	State RI	Zip 02921
4. NAICS Code 423220		6. Brief description of the character of business conducted in Rhode Island Design & import manufacturer of home, gifts and accessories			
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 Richard St. Angelo			Vice-President Name Richard St. Angelo		
Street Address 81-B Western Industrial Drive			Street Address 81-B Western Industrial Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Richard St. Angelo			Treasurer Name Richard St. Angelo		
Street Address 81-B Western Industrial Drive			Street Address 81-B Western Industrial Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard St. Angelo			Director Name		
Street Address 81-B Western Industrial Drive			Street Address		
City Cranston	State RI	Zip 02921	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			8000		\$0.00
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 Richard St. Angelo				Date May 30, 2021	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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