



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

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BUS SVCS DIV

2021 JUN -4 PM 3:58

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

1. Entity ID Number 000095882		2. Exact name of the Corporation FOTO FANTASY INC			
3. Principal Office Address 8A INDUSTRIAL WAY			City SALEM	State NH	Zip 03079
4. NAICS Code 713900		6. Brief description of the character of business conducted in Rhode Island AUTOMATED PHOTO BOOTH			
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <input checked="" type="checkbox"/>
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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input checked="" type="checkbox"/>		
			NUMBER OF SHARES	C. ASS/SERIES	PAR VALUE
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 KAZUHISA SAKODA				Date 5/27/2021	
Signature of Authorized Representative <i>Kazuhisa Sakoda</i>					

FILED

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

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Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
F.	PRESIDENT	TAKANITO TATSUMI	311 LOWELL ST ANDOVER, MA 01810 USA
F.	TREASURER	KAZUHISA SAKODA	8A INDUSTRIAL WAY SALEM, NH 03079 USA
F.	DIRECTOR	TAKANITO TATSUMI	311 LOWELL ST ANDOVER, MA 01810 USA
F.	DIRECTOR	STEVE WHITE	4 RIDGEVIEW AVE SALEM, NH 03079 USA
F.	DIRECTOR	JUN YOSHIDA	8A INDUSTRIAL WAY SALEM, NH 03079 USA

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
PWP		\$0.0100	39,367,967.00	1,000,000.00
CWP		\$0.0100	15,000.00	100.00