



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 001678853

**2. Name of Corporation** Bad-Adz, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 38 CHURCH STREET

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541810

**6. Brief Description of the Character of Business Conducted in Rhode Island**

THE CORPORATION HAS THE PURPOSE OF ENGAGING IN ANY LAWFUL BUSINESS,  
AND SHALL  
HAVE  
PERPETUAL EXISTENCE UNTIL DISSOLVED OR TERMINATED IN CCORDANCE WITH  
CHAPTER  
7-1.2.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOEL M ALBRIZIO	16 EAGLE DRIVE MASHPEE, MA 02649 USA
TREASURER	JOEL M ALBRIZIO	16 EAGLE DRIVE MASHPEE, MA 02649 USA
SECRETARY	JOEL M ALBRIZIO	16 EAGLE DRIVE MASHPEE, MA 02649 USA
CFO	DOUGLAS J FLEURANT	73 OLD NASONVILLE ROAD HARRISVILLE, RI 02860 USA
ASSISTANT SECRETARY	JENNIFER ALBRIZIO	16 EAGLE DR MASHPEE, MA 02649 USA

**8. Shares Authorized and Issued**

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>
CNP		\$0.0000	75,000.00	1000

**9. 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.**

**Signed this 21 Day of July, 2021 at 4:43:24 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DOUGLAS FLEURANT  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2021 State of Rhode Island  
All Rights Reserved