



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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1. Entity ID Number <u>1684548</u>		2. Exact name of the Corporation <u>RTE 6 OUTPOST INC</u>										
3. Principal Office Address <u>52 DANIELSON PIKE</u>		City <u>FOSTER</u>	State <u>RI</u>									
		Zip <u>02825</u>										
4. NAICS Code <u>452990</u>	6. Brief description of the character of business conducted in Rhode Island <u>OUTDOOR SPORTING GOODS/FIREARMS PAWIA SHOP</u>											
5. State of Incorporation <u>RI</u>												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name <u>ADAM DAVID JACKO</u>		Vice-President Name										
Street Address <u>119A CENTRAL PIKE</u>		Street Address										
City <u>FOSTER</u>	State <u>RI</u>	Zip <u>02825</u>										
Secretary Name		Treasurer Name										
Street Address		Street Address										
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										
Director Name		Director Name										
Street Address		Street Address										
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.		<table border="1"> <thead> <tr> <th>NUMBLR OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td></td> <td><u>.01</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBLR OF SHARES	CLASS/SERIES	PAR VALUE	<u>0</u>		<u>.01</u>			
NUMBLR OF SHARES	CLASS/SERIES	PAR VALUE										
<u>0</u>		<u>.01</u>										
Changes require an additional filing.												
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 <u>ADAM DAVID JACKO</u>		Date <u>7-22-2021</u>										
Signature of Authorized Representative <u>Adam David Jacko</u>												

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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FORM 630 - Revised: 08/2020