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BUS SVCS DIV

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.

2021 OCT 14 A 10:42

1. Entity ID Number 001711213		2. Exact name of the Corporation Dave Katz Inc.												
3. Principal Office Address 50 Montague St.			City Providence	State RI	Zip 02906									
4. NAICS Code 711533		6. Brief description of the character of business conducted in Rhode Island music writing												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Dave Katz			Vice-President Name											
Street Address 50 Montague St.			Street Address											
City Providence	State RI	Zip 02906	City	State	Zip									
Secretary Name Dave Katz			Treasurer Name Michael Keller											
Street Address 50 Montague St.			Street Address 11 Broadway, Suite 967											
City Providence	State RI	Zip 02906	City New York	State NY	Zip 10004									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Dave Katz			Director Name											
Street Address 50 Montague St.			Street Address											
City Providence	State RI	Zip 02906	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. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>2,000</td> <td>Common</td> <td>0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	2,000	Common	0.01			
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2,000	Common	0.01												
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 Dave Katz					Date 8/31/2021									
Signature of Authorized Representative 														

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

FILED

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