RI SOS Filing Number: 202103908850 Date: 10/25/2021 3:11:00 PM

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.

R.I. DEPT. OF STATE
BUS SVCS DIV
2021 OCT 25 PM 3:10

1. Entity ID Number	2. Exact name of the Corporation			
000002432	Bing Sales Inc.			
3. Principal Office Address		City	State	Zip
1834 Westminster St.		Providence	RI	02909
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423940	Costume Jewelery Wholesale			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Lisa A. Bowden			Vicki A. Ryan		
Street Address			Street Address		
1834 Westminster St.			1834 Westminster St.		
City	State	Zip	City	State	Zip
Providence	RI	02909	Providence	RI	02909
Secretary Name			**Treasurer Name**		
Vicki A. Ryan			Lisa A. Bowden		
Street Address			Street Address		
1834 Westminster St.			1834 Westminster St.		
City	State	Zip	City	State	Zip
Providence	RI	02909	Providence	RI	02909

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	City	State	Zip
Director Name			**Director Name**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		0

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	Date
Lisa A. Bowden Pres.	10/19/21

Signature of Authorized Representative: Lisa A. B Pres.

FILED
OCT 25 2021
BY 1640
A.A. 3:11 P.M.

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

FORM 630 - Revised: 08/2020