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State of Rhode Island

بدائم المسمد

## Department of State - Business Services Division Annual Report for the year: 202Corporation > Filing period January 1 - March 1 → Filing Fee: \$50.00 → Penalty Additional \$25.00 fee if form is not fited by April 1 1 Entity ID Number 2. Exact name of the Corporation 000894347 KLIMER PLATFORMS 3. Principal Office Address City State Ζıρ 1712 KIMBALL CANTON OH 44707 4. NAICS Code 6 Brief description of the character of business conducted in Rhode Island 532400 5 State of Incorporation RENTAL 7 List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name JAMES GORDON Street Address Street Address 7045 AUBURN ROAD UNIT City State Zıp City State Ζιρ MILTON ON L9T 7V9 Secretary Name Treasurer Name Street Address Street Address City State Zip City State Zio 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name Street Address Street Address City State City Zip State Zıp Director Name Director Name Street Address Street Address City State State Zip 9 Shares Authorized 10 Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SER ES PARIVALUE Department of State. : CO 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 comperation by the faceiver or trustee Under penalty of perjury, I declare and affight that I have exampled this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Name of Authorized Representative

## MAIL TO:

**Division of Business Services** 

<u>J</u>AMES GORDON

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615

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