



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 10 2022

2166

1. Entity ID Number <u>156976</u>		2. Exact name of the Corporation <u>VAST INC</u>			
3. Principal Office Address <u>73 Peepoat Road</u>		City <u>N. Scituate</u>		State <u>R.I.</u>	Zip <u>02857</u>
4. NAICS Code <u>711320</u>		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation <u>Rhode Island</u>		<u>Service & Rental</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>William Frederickson</u>			Vice-President Name <u>NONE</u>		
Street Address <u>73 Peepoat Road</u>			Street Address		
City <u>N. Scituate</u>	State <u>R.I.</u>	Zip <u>02857</u>	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>W. William Frederickson</u>			Director Name <u>NONE</u>		
Street Address <u>73 Peepoat Road</u>			Street Address		
City <u>N. Scituate</u>	State <u>RI.</u>	Zip <u>02857</u>	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>1,000</u>		<u>CWP</u>	<u>.01</u>
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>William Frederickson</u>					Date <u>2-5-2022</u>
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

FORM 630 - Revised: 11/2021