



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

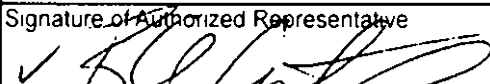
Annual Report for the year: **2022**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

FEB 15 2022

BY 

1 Entity ID Number <b>1666941</b>		2. Exact name of the Corporation <b>ZOBE, INC.</b>			
3 Principal Office Address <b>141 Atwells Avenue</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4 NAICS Code <b>454110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sale of clothing and other merchandise</b>			
5 State of Incorporation <b>Rhode Island</b>					
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert A. Antignano</b>			Vice-President Name <b>Rosalie P. Antignano</b>		
Street Address <b>141 Atwells Avenue</b>			Street Address <b>141 Atwells Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Rosalie P. Antignano</b>			Treasurer Name <b>Robert A. Antignano</b>		
Street Address <b>141 Atwells Avenue</b>			Street Address <b>141 Atwells Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			C. ASSERIES		
			PAR VALUE		
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. <b>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.</b>					
Name of Authorized Representative <b>Robert A. Antignano</b>					Date <b>✓ 2/6/22</b>
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov