



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

FILED

Annual Report for the year: 2022
Corporation

FEB 15 2022
 BY

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

1. Entity ID Number 1666941		2. Exact name of the Corporation ZOBE, INC.			
3. Principal Office Address 141 Atwells Avenue			City Providence	State RI	Zip 02903
4. NAICS Code 454110		6. Brief description of the character of business conducted in Rhode Island Sale of clothing and other merchandise			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert A. Antignano			Vice-President Name Rosalie P. Antignano		
Street Address 141 Atwells Avenue			Street Address 141 Atwells Avenue		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rosalie P. Antignano			Treasurer Name Robert A. Antignano		
Street Address 141 Atwells Avenue			Street Address 141 Atwells Avenue		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASSIFRIES	PAR VALUE
			100	Common	No Par
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 Robert A. Antignano				Date 2/6/22	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov