



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.

FILED STAMP
 JUL 21 2022
 BY [Signature]

1. Entity ID Number 1699547		2. Exact name of the Corporation The Oxalis Group, Inc.			
3. Principal Office Address 39 Winter Avenue			City Warwick	State RI	Zip 02889
4. NAICS Code 424120		6. Brief description of the character of business conducted in Rhode Island Sale of Greeting Cards			
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 Dana Zitnick			Vice President Name Robin Coppolelli		
Street Address 39 Winter Avenue			Street Address 39 Winter Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Robin Coppolelli			Treasurer Name Dana Zitnick		
Street Address 39 Winter Avenue			Street Address 39 Winter Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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		PAR VALUE
			200		.01
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. <i>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.</i>					
Name of Authorized Representative Robin Coppolelli				Date July 18, 2022	
Signature of Authorized Representative [Signature]					

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