State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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
FEB 07 2023
BY 2061
FS

1. Entity ID Number	2. Exact name of the Corporation		
44334	NOLL GUITARS LTD.		
3. Principal Office Address	City	State	Zip
173 MACKLIN ST	CRANSTON	RI	02920
4. NAICS Code: 812990	6. Brief description of the character of business conducted in Rhode Island: BUILDING, REPAIR, AND RESTORATION OF FRETTED MUSICAL INSTRUMENTS (GUITAR, MANDOLIN, ETC.); SALES OF PARTS & ACCESSORIES		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
JAMES M. LANDRY	STANLEY F. BIENKIEWICZ
Street Address: 173 MACKLIN ST	Street Address: 173 MACKLIN ST
City: CRANSTON, State: RI, Zip: 02920	City: CRANSTON, State: RI, Zip: 02920
Secretary Name	Treasurer Name
Street Address	Street Address
City, State, Zip	City, State, Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	0		NO 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.

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	Date
STANLEY F. BIENKIEWICZ	01-30-23

Signature of Authorized Representative: Stanley F. Bienkiewicz

MAIL TO:
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