RI SOS Filing Number: 202329805830 Date: 3/2/2023 9:26:00 AM

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.

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BUS SVCS DIV
2023 MAR -2 A 9:23

1. Entity ID Number: 000123196	2. Exact name of the Corporation: Skyefire International, Ltd.		
3. Principal Office Address: 141 Seabreeze Drive	City: North Kingstown	State: RI	Zip: 02852
4. NAICS Code: 448310	6. Brief description of the character of business conducted in Rhode Island: To import, purchase and sell at wholesale and/or retail recreational items and other similar products		
5. State of Incorporation: Rhode Island			

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

President Name: Diane Richards			Vice-President Name: Brian Richards		
Street Address: 141 Seabreeze Drive			Street Address: 141 Seabreeze Drive		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: Diane Richards			Treasurer Name: Brian Richards		
Street Address: 141 Seabreeze Drive			Street Address: 141 Seabreeze Drive		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

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

Director Name: Diane Richards			Director Name: Brian Richards		
Street Address: 141 Seabreeze Drive			Street Address: 141 Seabreeze Drive		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Director Name:			Director Name:		
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	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: Diane Richards	Date: 2/10/2023
Signature of Authorized Representative: Diane Richards	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
9:26 MAR 02 2023
BY ML 9A6PM

FORM 630 - Revised: 2/2023