



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.

MAR 09 2023

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1. Entity ID Number 950827		2. Exact name of the Corporation 3D Enterprises, Inc.			
3. Principal Office Address 5600 Post Road			City East Greenwich	State RI	Zip 02818
4. NAICS Code 33249		6. Brief description of the character of business conducted in Rhode Island Optical store and associated merchandise services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kim Chace			Vice-President Name Robert William Chace		
Street Address 130 Hemond Avenue			Street Address 130 Hemond Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02815
Secretary Name Robert William Chace			Treasurer Name Kim Chace		
Street Address 130 Hemon Avenue			Street Address 130 Hemon Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02815
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kim Chace			Director Name		
Street Address 130 Hemond Avenue			Street Address		
City Woonsocket	State RI	Zip 02895	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
			0		0
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 Kim Chace, President				Date 02/15/23	
Signature of Authorized Representative 					

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