

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2019
Cornoration	

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

723 E	
C'D R	
	TAMP
က်ထ	3 (24) 6 (45) (24 (5 (2)) E 1 (25) (45 (4))
ij	3 94 108 1

→ Penalty: Additional \$25.00	fee if form is no	ot filed by May 31.						
1, Entity ID Number	2. Exact name of the Corporation							
001665574	Battle Axe Corp							
3. Principal Office Address	_		City		State	Zip		
2 Mountain Ave			Weste	Westerly		02891		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
531190	Commercial Real Estate							
5. State of Incorporation								
RI								
7. List ALL officers (names and ad	dresses)				box to indicate	an attachment 🔲		
President Name Dante E Gulino, Jr			Vice-Presi	Vice-President Name NONE				
Street Address 2 Mountain Ave			Street Add	Street Address				
	State	Zip	City		State	Zip		
^{City} Westerly	RI	02891				[~·F		
Secretary Name Dante E Gulin	o, Jr		Treasurer	Treasurer Name Dante E Gulino, Jr				
Street Address 2 Mountain Ave		Street Address 2 Mountain Ave						
^{City} Westerly	State RI	^{Zip} 02891	City Westerly		State RI	Zip 02891		
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name N/A				Director Name				
Street Address	ddress		Street Add	Street Address				
City	State	Zıp	City		State	Zip		
Director Name	Director Name							
Street Address			Street Add	Street Address				
Cıty	State	Zip	City		State	Zıp		
9. Shares Authorized	_l	10. Shares Issi	ued	Check th	e box to indicat	e an attachment		
This information is currently of reco	ord in the	NJMBER OF	SHARES	CI ASS/SE		PAR VALUE		
		10		Common	0.	.00		
Changes require an additional filing	ı .							
11. This report must be executed of					rporation is in t	he hands of a re-		
ceiver or trustee, this report must l Under penalty of perjury, I decla	re and affirm (hat I have examine	ed this repo		companying so	hedules and		
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date								
Dante E Gulino, Jr			12.8.23					
Signature of Authorized Representative								
Lille Ster								
MAIL TO: // Business Services								

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

DEC 1 3 2023 BY PFMT FORM 630- Revised: 04/2023 AA-1'50PM-