



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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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|--|-------------|--|-----------------------------|-------------------|--------------|
| 1. Entity ID Number 000100200 | | 2. Exact name of the Corporation Captain Bret's Tattoo Shop Inc. | | | |
| 3. Principal Office Address 4 collins st. unit 4a | | | City newport | State RI | Zip 02840 |
| 4. NAICS Code 812990 All Other Person: | | 6. Brief description of the character of business conducted in Rhode Island OPERATE A TATTOO SHOP AND ENGAGE IN PROVIDING TATTOOS ONTO CUSTOMERS. TITLE: 7-1.1-51 | | | |
| 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 Bret A. Lohnes | | | Vice-President Name none | | |
| Street Address 49 mccormick rd. | | | Street Address | | |
| City newport | State RI | Zip 02840 | City | State | Zip |
| Secretary Name Bret A. Lohnes | | | Treasurer Name | | |
| Street Address 49 mccormick rd. | | | Street Address | | |
| City Newport | State ri | Zip 02840 | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name none | | | Director Name none | | |
| 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 | | CLASS/SERIES | |
| | | none | | none | |
| | | | | | |
| 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 Bret A. Lohnes | | | | Date 1/29/2024 | |
| Signature of Authorized Representative <i>Bret A. Lohnes</i> | | | | | |

MAIL TO:

Division of Business Services

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