



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FEB 01 2024
4605 *or*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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.			
5. State of Incorporation Rhode Island		TITLE: 7-1.1-51			
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	
		PAR VALUE			
		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:
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Website: www.sos.ri.gov