



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.

FILED

MAR 04 2024

BY [Signature]
FOR [Signature]
US\$ 0.00

1. Entity ID Number 99315		2. Exact name of the Corporation A.A. HOBBIES, INC.			
3. Principal Office Address 655 JEFFERSON BOULEVARD		City WARWICK		State RI	Zip 02886
4. NAICS Code 451120		6. Brief description of the character of business conducted in Rhode Island TO DISTRIBUTE, BUY, SELL, IMPORT, EXPORT AND OTHERWISE DEAL IN CONSUMER GOODS			
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 JOHN F. REID, JR.			Vice-President Name		
Street Address 665 JEFFERSON BOULEVARD			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name JOHN F. REID, JR.			Treasurer Name JOHN F. REID, JR.		
Street Address 665 JEFFERSON BOULEVARD			Street Address 665 JEFFERSON BOULEVARD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN F. REID, JR.			Director Name		
Street Address 665 JEFFERSON BOULEVARD			Street Address		
City WARWICK	State RI	Zip 02886	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		
			100	COMMON	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 JOHN F. REID, JR., PRESIDENT					Date 2/23/24
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised: 12/2023