



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Corporation

FILED

MAR 04 2024

BY *[Signature]*

- 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 44334		2. Exact name of the Corporation NOLL GUITARS LTD	
3. Principal Office Address 173 MACKLIN ST.		City CRANSTON	State RI
		Zip 02920	
4. NAICS Code 82990	6. Brief description of the character of business conducted in Rhode Island BUILDING, REPAIR, AND RESTORATION OF FRETTED MUSICAL INSTRUMENTS (GUITAR, MANDOLIN, ETC) SALES OF PARTS & ACCESSORIES		
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 JAMES M. LANDRY		Vice-President Name STANLEY F. BIENKIEWICZ	
Street Address 173 MACKLIN ST.		Street Address 173 MACKLIN ST	
City CRANSTON	State RI	Zip 02920	City CRANSTON
		State RI	Zip 02920
Secretary Name NONE		Treasurer Name NONE	
Street Address		Street Address	
City	State	Zip	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 NONE		Director Name NONE	
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 0	CLASS/SERIES NO PAR VALUE
			PAR VALUE
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. <i>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.</i>			
Name of Authorized Representative STANLEY F. BIENKIEWICZ		Date 02/15/24	
Signature of Authorized Representative <i>Stanley F. Bienkiewicz</i>			

MAIL TO:
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Website: www.sos.ri.gov