

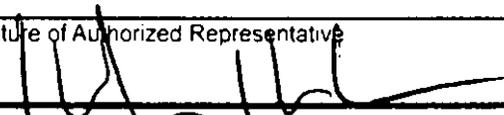


State of Rhode Island  
Department of State - Business Services Division

APR 01 2024  
9610 02 STAMP

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.

1. Entity ID Number <b>0659109</b>		2. Exact name of the Corporation <b>PREDATOR APPAREL, INC</b>			
3. Principal Office Address <b>40 AGNES STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>44-45 RETAIL TRADE</b>		6. Brief description of the character of business conducted in Rhode Island <b>CUSTOMIZED RETAIL TRADE BUSINESS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>K. JASON KRIKORIAN</b>			Vice-President Name <b>BARRY MCCLARON</b>		
Street Address <b>44 CRANBERRY TERRACE</b>			Street Address <b>497 LAKE VIEW DRIVE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>
Secretary Name <b>K. JASON KRIKORIAN</b>			Treasurer Name <b>BARRY MCCLARON</b>		
Street Address <b>44 CRANBERRY TERRACE</b>			Street Address <b>497 LAKE VIEW DRIVE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASSIFIERS	
		<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>K. JASON KRIKORIAN</b>					Date <b>2.2.24</b>
Signature of Authorized Representative 					

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