



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.

REC'D RIDOS BSD
24 APR 17 AM 11:13:28

1. Entity ID Number 21599		2. Exact name of the Corporation PRE-AMBLE, INC.			
3. Principal Office Address 11 DIVISION ROAD, APT. 1			City EAST GREENWICH	State RI	Zip 02818
4. NAICS Code 337125		6. Brief description of the character of business conducted in Rhode Island RETAIL HOME FURNISHINGS			
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 ROBERT DICKSON			Vice-President Name ROBERT DICKSON		
Street Address 11 DIVISION ROAD, APT. 1			Street Address 11 DIVISION ROAD, APT. 1		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name ROBERT DICKSON			Treasurer Name ROBERT DICKSON		
Street Address 11 DIVISION ROAD, APT. 1			Street Address 11 DIVISION ROAD, APT. 1		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT DICKSON			Director Name		
Street Address 11 DIVISION ROAD, APT. 1			Street Address		
City EAST GREENWICH	State RI	Zip 02818	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
		600 SHARES		COMMON	NO 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 ROBERT DICKSON, PRESIDENT				Date 4/5/2024	
Signature of Authorized Representative <i>Robert Dickson, President</i> FILED					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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