



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
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**  
FEB 05 2025  
BY 173 AA

1. Entity ID Number <b>000123196</b>		2. Exact name of the Corporation <b>Skyefire International, Ltd.</b>			
3. Principal Office Address <b>141 Seabreeze Drive</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>448310</b>		6. Brief description of the character of business conducted in Rhode Island <b>To import, purchase and sell at wholesale and/or retail recreational items and other similar products31</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>Diane Richards</b>			Vice-President Name <b>Brian Richards</b>		
Street Address <b>141 Seabreeze Drive</b>			Street Address <b>141 Seabreeze Drive</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>Diane Richards</b>			Treasurer Name <b>Brian Richards</b>		
Street Address <b>141 Seabreeze Drive</b>			Street Address <b>141 Seabreeze Drive</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</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 <b>Diane Richards</b>			Director Name <b>Brian Richards</b>		
Street Address <b>141 Seabreeze Drive</b>			Street Address <b>141 Seabreeze Drive</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
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		
			CLASS/SERIES		
			<b>100</b>	<b>Common</b>	<b>No par value</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.					
<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 <b>Diane Richards</b>					Date <b>1/30/25</b>
Signature of Authorized Representative <i>Diane Richards</i>					

MAIL TO:  
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