

State of Rhode Island

Department of State - Business Services Division

FEB 24 2025 S TAMP
BY 42927

FILED

Annual Report f	or 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

Penalty: Additional \$25,00 to								
Entity ID Number	2. Exact name of the Corporation							
950888	Skimetrix Global, LTD							
. Principal Office Address			City		State	Zip		
222 Riverside Drive			Tiverto	n	RI	02871		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
339920	Make outerwear							
5. State of Incorporation	1							
RI								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Raymond Fougere			Vice-President Name					
Street Address 222 Riverside Drive			Street Address					
^{City} Tiverton	State RI	^{Zip} 02871	City		State	Zip		
Secretary Name	Treasurer Name					•		
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names and ad	dresses)	<u> </u>	<u> </u>	Check t	he box to indi	cate an attachment		
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	ļ	10. Shares Issued Check the box to indicate an attachment						
This information is currently of recor	d in the	NUMBER OF S	SHARES CLASS/SERIES PAR VALUE					
Department of State.		100		CWP		\$0.25		
Changes require an additional filing.								
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver or trustee, this report must be					ccompanying	schadulas and		
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				Date				
	RAYMO	RAYMOND TO UGERE			2	Z-5-ZS		
Signature of Authorized Representative								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov