RI SOS Filing Number: 202575974100 Date: 6/18/2025 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division  JUN 18 2025							
Annual Report for the year: Corporation			٠.			O 👸	
→ Filing period: February 1 - May 1			2005 2001 -5 A 11: 188 - 2181				
Filing Fee: \$50.00	[i.	.]	•				
Penalty: Additional \$25.00 fee if form is not filed by May 31.  1. Entity ID Number  2. Exact name of the Corporation							
000313419	Purple Ape, Inc.						
3. Principal Office Address			City		State	Zip	
17 Winnapaug Road			Weste		RI	02891	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
452990	Real estate holdings, selling beach related items and any other business					usiness	
5. State of Incorporation RI	not prohibited by law						
7. List ALL officers (names and addresses) President Name — Vice-				Check the box to indicate an attachment			
I nomas Jasulavic			Vice-President Name Thomas Jasulavic				
Street Address 17 Winnapaug Road			Street Address 17 Winnapaug Road				
<sup>City</sup> Westerly	State RI	<sup>Zip</sup> 02891	City Westerly		State RI	Zip 02891	
Secretary Name Thomas Jasulavic				Treasurer Name Thomas Jasulavic			
Street Address 17 Winnapaug Road			Street Address 17 Winnapaug Road				
<sup>City</sup> Westerly	State RI	<sup>Zip</sup> 02891	City Westerly		State RI	<sup>Zip</sup> 02891	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment  Director Name  Director Name							
I homas Jasulavic							
Street Address 17 Winnapaug Road			Street Address				
<sup>City</sup> Westerly	State RI	<sup>Zip</sup> 02891	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Žip	
9. Shares Authorized		10. Shares Issue			to indicate an at		
This information is currently of record in the Department of State.		NUMBER OF SH	ARES	CLASS/SERIES		PAR VALUE	
Changes require an additional filing.			<del></del>				
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 executed on behalf of the corporation by the receiver or trustee.  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 con Name of Authorized Representative					Date		
Thomas Jasulavic				,	5-27	1-65	
Signature of Authorized Representative							
MAIL TO:							

MAIL TO: Division of Business Services

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

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