



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>916725</u>		2. Name of Corporation <u>NICHENET, INC.</u>	
3. Street Address Principal Business Office <u>18 MINNESOTA AVE</u>		City <u>WARWICK</u>	State <u>RI</u>
4. Business Phone No. <u>401 732 6565</u>		5. State of Incorporation <u>RI</u>	Zip <u>02888</u>
6. SIC Code <u>7286</u>			
7. Brief Description of the Character of Business Conducted in Rhode Island <u>INTERNET MARKETING</u>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☐			
President Name <u>DAVID A. WEHR</u>		Vice President Name <u>SAME</u>	
Street Address <u>106 OVERHILL RD</u>		Street Address	
City <u>WARWICK</u>	State <u>RI</u>	City	State
Zip <u>02818</u>		Zip	
Secretary Name <u>SAME</u>		Treasurer Name <u>SAME</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☐			
Director Name <u>SAME</u>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ☐		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ☐	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<u>1000</u>	<u>NONE</u>	<u>1000</u>	<u>NONE</u>
Par Value		Par Value	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 8-20-99
Check No.: 3071
By: AMF

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 8/10/99
Print or Type Name of Officer: DAVID A WEHR
Title of Officer: PRESIDENT