



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP
FILED

MAR 28 2019

1. Entity ID Number 788798		2. Exact name of the Corporation PENMAX, INC.		BY <u>RS MARS</u>	
3. Principal Office Address Ocean Forty, 39 Post Road, #27			City WARWICK	State RI	Zip 02886
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island PURCHASE AND SALE OF ANTIQUES.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RODNEY S. CINQ-MARS			Vice-President Name RODNEY S. CINQ-MARS		
Street Address Ocean Forty, 39 Post Road, #27			Street Address Ocean Forty, 39 Post Road, #27		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		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 OF SHARES	
		100		COMMON	
				PAR VALUE	
				.01	
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 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 RODNEY S. CINQ-MARS				Date 3/20/2019	
Signature of Authorized Representative <u>RS MARS</u>				SIGN DOCUMENT HERE	

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