



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Corporation

FEB 09 2023 STAMP

BY 20035
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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000009902</u>		2. Exact name of the Corporation <u>AUGUST W MENDE, INC</u>				
3. Principal Office Address <u>235 Chalkstone Ave</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02908</u>	
4. NAICS Code <u>238350</u>		6. Brief description of the character of business conducted in Rhode Island <u>General Woodworking</u>				
5. State of Incorporation <u>RI</u>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <u>Robert H Mende</u>			Vice-President Name			
Street Address <u>12 Bigelow Rd</u>			Street Address			
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City	State	Zip	
Secretary Name <u>Robert H Mende</u>			Treasurer Name <u>Robert H Mende</u>			
Street Address <u>12 Bigelow Rd</u>			Street Address <u>12 Bigelow Rd</u>			
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <u>Susan M Paoliano</u>			Director Name			
Street Address <u>22 MOUNT AVE</u>			Street Address			
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	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/SERIES	PAR VALUE		
		<u>165</u>		<u>0</u>		
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 <u>Robert H Mende</u>				Date <u>1/25/22</u>		
Signature of Authorized Representative <u>[Signature]</u>						