RI SOS Filing Number: 202213568690

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BUS SVCS DIV

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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FOR

Annual Report for the year:	2022
Corporation	TOLL

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Penalty: Additional \$25.00		<u> </u>					
1. Entity ID Number	2 Exact name of the Corporation						
001691282	SNEAKERSHOUTS LTD						
3 Principal Office Address	•		City		State	Zip	
186 N Country Club Road Dr. W.		Warwick		RI	02888		
4. NAICS Code 4. V 8 2/ 0 5. State of Incorporation RI	Brief description of the character of business conducted in Rhode Island Online sneaker sales						
7. List ALL officers (names and ac	dresses)		-	Check	the box to i	ndicate an attachment 🔲	
President Name Ivan Antunes			Vice-President Name None				
Street Address 186 N Country Club Road DAVE			Street Address				
City Warwick	State RI	^{Zıp} 02888	'		State	Zip	
Secretary Name Ivan Antunes	Treasurer Name Ivan Antunes						
Street Address 186 N Country Club Rad DNW		Street Address 186 N Country Club Red DriW					
City Warwick	State RI	^{Zip} 02888			State RI	^{Zip} 02888	
8. List ALL directors (names and a	iddresses)			Check	the box to	ndicate an attachment 🔲	
Director Name Ivan Antunes		Director Name None					
Street Address 186 N Country Club Road DriW		Street Address					
City Warwick	State RI	Zip 02888	City		State	Zip	
Director Name None		Director Name None					
Street Address		Street Address					
City	State	Zip	City		State	Zip	
9. Shares Authorized 10. Shares Issu							
This information is currently of reco Department of State.	ord in the	NUMBER O	SHARES	CLASS/SERIE Common	<u>ES</u>	PAR VALUE	
Changes require an additional filing.		100	100			No Par Value	
11. This report must be executed	on behalf of the	corporation by an a	uthorized repre	I sentative. If the com-	oration is in t	the hands of a receiver or	
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 Date							
Ivan Antunes				ć	2-8-2122		
Signature of Authorized Representative							
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

FORM 630 - Revised: 10/2017