



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

Annual Report for the year: **2023**
 Corporation

STAMP
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 R.I. DEPT. OF STATE
 BUS SVCS DIV

- Filing period January 1 - March 1
- Filing Fee: \$50.00
- Penalty Additional \$25 00 fee if form is not filed by April 1.

2023 FEB 22 4:00:00

1 Entity ID Number 001691282		2 Exact name of the Corporation SNEAKERSHOUTS LTD					
3. Principal Office Address 340 Wilbert Way			City North Kingstown	State RI	Zip 02852		
4. NAICS Code 448210		6. Brief description of the character of business conducted in Rhode Island Online sneaker sales					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Ivan Antunes			Vice-President Name None				
Street Address 340 Wilbert Way			Street Address				
City North Kingstown	State RI	Zip 02852	City	State	Zip		
Secretary Name Ivan Antunes			Treasurer Name Ivan Antunes				
Street Address 340 Wilbert Way			Street Address 340 Wilbert Way				
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Ivan Antunes			Director Name None				
Street Address 340 Wilbert Way			Street Address				
City North Kingstown	State RI	Zip 02852	City	State	Zip		
Director Name None			Director Name None				
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	
		100		Common		No Par Value	
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 Ivan Antunes						Date 2-4-2023	
Signature of Authorized Representative <i>Ivan Antunes</i>						FILED 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

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 BY *[Signature]* 162.
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