



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 MAR -2 A 9:23

- 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 000123196		2. Exact name of the Corporation Skyefire International, Ltd.			
3. Principal Office Address 141 Seabreeze Drive			City North Kingstown	State RI	Zip 02852
4. NAICS Code 448310		6. Brief description of the character of business conducted in Rhode Island To import, purchase and sell at wholesale and/or retail recreational items and other similar products			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Diane Richards			Vice-President Name Brian Richards		
Street Address 141 Seabreeze Drive			Street Address 141 Seabreeze Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Diane Richards			Treasurer Name Brian Richards		
Street Address 141 Seabreeze Drive			Street Address 141 Seabreeze Drive		
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 Diane Richards			Director Name Brian Richards		
Street Address 141 Seabreeze Drive			Street Address 141 Seabreeze Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/ESSES	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 Diane Richards					Date 2/10/2023
Signature of Authorized Representative <i>Diane Richards</i>					

FILED

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

MAR 02 2023
 BY ML 9A GPM

FORM 630 - Revised: 2/2023

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