



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

APR 11 2024  
11600 *RU*

1. Entity ID Number <b>000123196</b>		2. Exact name of the Corporation <b>Skyefire International, Ltd.</b>				
3. Principal Office Address <b>141 Seabreeze Drive</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
4. NAICS Code <b>448310</b>		5. Brief description of the character of business conducted in Rhode Island <b>To import, purchase and sell at wholesale and/or retail recreational items and other similar products31</b>				
5. State of Incorporation <b>Rhode Island</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>Diane Richards</b>			Vice-President Name <b>Brian Richards</b>			
Street Address <b>141 Seabreeze Drive</b>			Street Address <b>141 Seabreeze Drive</b>			
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
Secretary Name <b>Diane Richards</b>			Treasurer Name <b>Brian Richards</b>			
Street Address <b>141 Seabreeze Drive</b>			Street Address <b>141 Seabreeze Drive</b>			
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <b>Diane Richards</b>			Director Name <b>Brian Richards</b>			
Street Address <b>141 Seabreeze Drive</b>			Street Address <b>141 Seabreeze Drive</b>			
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
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		CLASSIFICATION	PAR VALUE	
		<b>100</b>		<b>Common</b>	<b>No par value</b>	
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. <i>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.</i>						
Name of Authorized Representative <b>Diane Richards</b>					Date <b>03/21/2024</b>	
Signature of Authorized Representative <i>Diane Richards</i>						