

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000750

Entity Name: ISLAND OASIS FROZEN COCKTAIL CO., INC.**Current Principal Place of Business:**141 NORFOLK STREET
WALPOLE, MA 02081**Current Mailing Address:**141 NORFOLK STREET
WALPOLE, MA 02081 US**FEI Number:** 04-2818962**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	SCHIMMEL, LANNY
Address	141 NORFOLK STREET
City-State-Zip:	WALPOLE MA 02081

Title	VP
Name	SCHIMMEL, LANNY
Address	141 NORFOLK STREET
City-State-Zip:	WALPOLE MA 02081

Title	DIRECTOR
Name	HENNEBERY, PAUL
Address	141 NORFOLK STREET
City-State-Zip:	WALPOLE MA 02081

Title	VP
Name	HENNEBERY, PAUL
Address	141 NORFOLK STREET
City-State-Zip:	WALPOLE MA 02081

Title	CFO
Name	HENNEBERY, PAUL
Address	141 NORFOLK STREET
City-State-Zip:	WALPOLE MA 02081

Title	PRESIDENT
Name	BEHAN, GERARD
Address	141 NORFOLK STREET
City-State-Zip:	WALPOLE MA 02081

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LANNY SCHIMMEL**SECRETARY****04/22/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date