

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002493

Entity Name: RECREATIONAL EQUIPMENT, INC.**Current Principal Place of Business:**1700 45TH STREET EAST
SUMNER, WA 98352**Current Mailing Address:**1700 45TH STREET EAST
SUMNER, WA 98352 US**FEI Number:** 91-0656890**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 DIRECTOR
Name CARR, CHRIS
Address 1700 45TH STREET E
City-State-Zip: SUMNER WA 98352

Title CHAIRMAN
Name HOOPER, STEVE
Address 1700 45TH STREET E
City-State-Zip: SUMNER WA 98352

Title PRESIDENT, DIRECTOR
Name ARTZ, ERIC
Address 1700 45TH STREET E
City-State-Zip: SUMNER WA 98352

Title DIRECTOR
Name NEWLANDS CAMPBELL, BETH
Address 1700 45TH STREET E
City-State-Zip: SUMNER WA 98352

Title DIRECTOR
Name QUINTANA, DAGOBERTO
Address 1700 45TH STREET E
City-State-Zip: SUMNER WA 98352

Title DIRECTOR
Name COMPTON, MATT
Address 1700 45TH STREET E
City-State-Zip: SUMNER WA 98352

Title VICE CHAIR, DIRECTOR
Name TRUESDALE, TONY
Address 1700 45TH STREET E
City-State-Zip: SUMNER WA 98352

Title ASST. SECRETARY
Name GREENWOOD, TOM
Address 1700 45TH STREET E
City-State-Zip: SUMNER WA 98352

Continues on page 2

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILMA WALLACE**SECRETARY****02/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	WALLACE, WILMA
Address	1700 45TH STREET E
City-State-Zip:	SUMNER WA 98352