RI SOS Filing Number: 200942378100 Date: 02/17/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
63311	R-LIN-D Corporation DBA Fabric Gallery			
3. Street Address Principal Business Office		City	State	Zip
606 Ten Rod Road, P.O. Box 1264		North Kingstown	RI	02852
4. Business Phone No.	5. State of Incorporation			
401-295-2760	RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
Retail sales of decorator interior fabrics for draperies, valances, upholstery and slipcovers, custom window shutters, window treatments and wallcoverings

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Mrs. Deanna K Celico	37 Butternut Drive	North Kingstown	RI	02852

Vice President Name	Street Address	City	State	Zip
Mr James P Celico	37 Butternut Drive	North Kingstown	RI	02852

Secretary Name	Street Address	City	State	Zip
Mr James P Celico	37 Butternut Drive	North Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Mrs Deanna K Celico	37 Butternut Drive	North Kingstown	RI	02852

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Mrs Deanna K Celico	37 Butternut Drive	North Kingstown	RI	02852

Director Name	Street Address	City	State	Zip
Mr James P Celico	37 Butternut Drive	North Kingstown	RI	02852

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100 Common	Common	No Par

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.

[redacted] [redacted]

FILED
File Date FEB 17 2009
Check No. By 5251
By:
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31237-45-347552

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.

/ Mrs Deanna K. Celico 2/13/09
Signature *Date*

Mrs Deanna K Celico
Print or Type Name

[redacted] President/Treasurer
Title

Form 630 Rev. 08/08