



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 63311		2. Exact name of the Corporation R-LIN-D Corporation DBA Fabric Gallery		
3. Principal office address 606 Ten Rod Road, PO Box 1264		City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-295-2760		5. State of Incorporation 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 wall coverings				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Mrs. Deanna K Celico		Vice-President Name Mr. James P Celico		
Street Address 37 Butternut Drive		Street Address 37 Butternut Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
Secretary Name Mr. James P Celico		Treasurer Name Mrs. Deanna K Celico		
Street Address 37 Butternut Drive		Street Address 37 Butternut Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Mrs. Deanna K Celico		Director Name Mr. James P Celico		
Street Address 37 Butternut Drive		Street Address 37 Butternut Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	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.

FILED

File Date FEB 06 2012
 Check No 7659
 BY [Signature]

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 2/3/2012
 Signature of Authorized Representative Date

Mrs. Deanna K Celico
 Print or Type Name of Authorized Representative

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