



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 2013

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 checked="" 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	Zip 02852
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	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" 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	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
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.			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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 23 2013

BY 8377

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
Signature of Authorized Representative

01/19/2013

Date

Mrs. Deanna K. Celico

Print or Type Name of Authorized Representative