



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. 143652		2. Exact name of the Corporation Thames Street Shirt Co.			
3. Principal office address 410 Thames Street		City Newport	State RI	Zip 02840	
4. Business Phone No. (401) 848-2553		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Retail Sales of Clothing Apparel and Accessories					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Eli Vidal			Vice-President Name Eli Vidal		
Street Address 410 Thames St.			Street Address 410 Thames St.		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Laurie A. Vidal			Treasurer Name Eli Vidal		
Street Address See Above			Street Address See Above		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 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 Value

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: _____ BY _____
FOR SECRETARY OF STATE USE ONLY

FILED
 FEB 08 2013
 3662

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.

Signature of Authorized Representative: *David F. Fox* Date: *1/28/13*
David F. Fox, Esq. - Assistant Secretary
 Print or Type Name of Authorized Representative

RE: Thames Street Shirt Co. ID #143652

**ATTACHMENT TO
SECTION 7 - Names & Addresses of Officers**

Assistant Secretary -

David F. Fox, Esq.
LAW OFFICES OF DAVID F. FOX
Middletown Commons
850 Aquidneck Avenue B-11
Middletown, RI 02842

FILED

FEB 08 2013

BY FD 143652