



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 2009

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. 122548		2. Exact name of the Corporation Narragansett Accessories Company			
3. Principal office address 90 Grande Brook Circle Unit 1526		City Wakefield	State RI	Zip 02879	
4. Business Phone No. 401-742-5463		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Wholesale distribution of accessories and other products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joan Wills			Vice-President Name		
Street Address 90 Grande Brook Circle Unit 1526			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Joan Wills			Treasurer Name Joan Wills		
Street Address 90 Grande Brook Circle Unit 1526			Street Address 90 Grande Brook Circle Unit 1526		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joan Wills			Director Name		
Street Address 90 Grande Brook Circle Unit 1526			Street Address		
City Wakefield	State RI	Zip 02879	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
			8000		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

FOR SECRETARY OF STATE USE ONLY

FILED

SEP 26 2013

BY **CU 206799**

8:35

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

Joan Wills, President

Print or Type Name of Authorized Representative

Date

09-24-2013