



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. <b>525049</b>		2. Exact name of the Corporation <b>Stitch Plus, Inc.</b>	
3. Principal office address <b>150 Wilbur Avenue</b>		City <b>Warwick</b>	State <b>RI</b>
4. Business Phone No. <b>401732-1850</b>		5. State of Incorporation <b>RI</b>	
6. Brief description of the character of business conducted in Rhode Island <b>Screen printing on various merchandise</b>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>Myron J Wood</b>		Vice-President Name <b>Myron J. Wood</b>	
Street Address <b>150 Wilbur Avenue</b>		Street Address <b>150 Wilbur Avenue</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Secretary Name <b>Myron J. Wood</b>		Treasurer Name <b>Myron J. Wood</b>	
Street Address <b>150 Wilbur Avenue</b>		Street Address <b>150 Wilbur Avenue</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>Myron J. Wood</b>		Director Name	
Street Address <b>150 Wilbur Avenue</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
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 <b>1000</b>		CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par</b>

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**

**OCT 15 2013**

**208199**

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

**Myron J. Wood**

Print or Type Name of Authorized Representative