



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

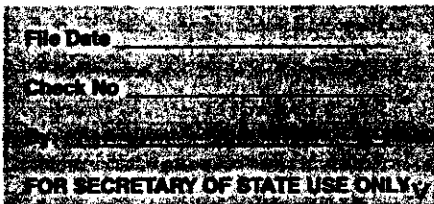
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 110062		2. Exact name of the Corporation Rag & Bone Bindery, Ltd.			
3. Principal office address 1088 Main Street			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 401-781-0762		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Hard-bound books, handmade albums, guest books, journals, etc., for the gift, stationery and wedding industries.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jason Thompson			Vice-President Name Ilira Steinman		
Street Address 109 11th Street			Street Address 109 11th Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Jason Thompson			Treasurer Name Ilira Steinman		
Street Address 109 11th Street			Street Address 109 11th Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jason Thompson			Director Name Ilira Steinman		
Street Address 109 11th Street			Street Address 109 11th Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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
			500	COMMON	NONE

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

MAR 10 2014

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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

Date

Jason Thompson, President

Print or Type Name of Authorized Representative