



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. <u>101886</u>		2. Exact name of the Corporation <u>JUST QUILTS, INC</u>		
3. Principal office address <u>201 GOODING AVE</u>		City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>
4. Business Phone No. <u>(401) 254-1240</u>		5. State of Incorporation <u>RHODE ISLAND</u>		
6. Brief description of the character of business conducted in Rhode Island <u>TO PROVIDE QUILTING INSTRUCTIONS AND TO RETAIL QUILTING FABRICS AND RELATED ITEMS</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>PATRICIA E. ROBERTS</u>		Vice-President Name <u>TREASURER</u>		
Street Address <u>497 MAIN ST</u>		Street Address <u>JOANN F SPANGENBERG</u>		
City <u>DIGHTON</u>	State <u>MA</u>	Zip <u>02715</u>	City <u>BRISTOL</u>	State <u>RI</u>
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	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	CLASS/SERIES	PAR VALUE
		<u>NONE</u>		

2014 MAR 31 AM 11:43
 SECRETARY OF STATE
 CORPORATIONS DIV

3:37 pm
FILED

MAY 19 2014 KM

By 224503

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: _____

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.

Joann F Spangenberg 3-26-14
 Signature of Authorized Representative Date

JOANN F SPANGENBERG
 Print or Type Name of Authorized Representative

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PH 3:36
 DIVISIONS
 OF STATE