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 2015

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.	2. Exact name of the Corporation
47574	REBTEX COMPANY, INC

3. Principal office address	City	State	Zip
5 DIVISION STREET	EAST GREENWICH	RI	02818

4. Business Phone No.	5. State of Incorporation
401-884-2257	RI

6. Brief description of the character of business conducted in Rhode Island
SALES AGENT FOR PURPOSE OF SELLING TEXTILE PRODUCTS AND MACHINERY.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
CHRISTINE BOYAVAL	
Street Address: 66 CHAMPLIN ROAD	Street Address
City: SAUNDERSTOWN, State: RI, Zip: 02874	City, State, Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City, State, Zip	City, State, Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
CHRISTINE BOYAVAL	
Street Address: 66 CHAMPLIN ROAD	Street Address
City: SAUNDERSTOWN, State: RI, Zip: 02874	City, State, Zip
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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.

FILED
DEC 19 2014
BY 23946

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Christine M. Boyaval 12/2015
Signature of Authorized Representative — Date

CHRISTINE M. BOYAVAL
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2013