



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. 861109		2. Exact name of the Corporation Charmco International, LTD.			
3. Principal office address 10 Danecroft Avenue, P.O. Box 467			City Greenville	State RI	Zip 02828
4. Business Phone No. 401-949-4329		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Stuffed toys, safety vest, giant plush, and seasonal plush.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sheana Kerwin			Vice-President Name Sheana Kerwin		
Street Address 10 Danecroft Avenue, P.O. Box 467			Street Address 10 Danecroft Avenue, P.O. Box 467		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Sheana Kerwin			Treasurer Name Sheana Kerwin		
Street Address 10 Danecroft Avenue, P.O. Box 467			Street Address 10 Danecroft Avenue, P.O. Box 467		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Sheana Kerwin			Director Name		
Street Address 10 Danecroft Avenue, P.O. Box 467			Street Address		
City Greenville	State RI	Zip 02828	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
			100	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.

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.

Sheana Kerwin 1/20/15
 Signature of Authorized Representative Date

FILED

Sheana Kerwin, President

Print or Type Name of Authorized Representative

JAN 22 2015

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