

## 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

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

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1. Entity ID No. 2. I	xact name of the	ne Corporation	· · · · · · · · · · · · · · · · · · ·		
000797076	FiftyFi	ive Apparel			
1 1 1			siness conducted in Rhode Island		
RI P	roduce i	p-cycled/	repurposed txtile	a & goods	for Lonation
5. Principal office address 330 Cranston St			City Providence	State	<sup>Zip</sup> 02907
6. LIST <u>ALL</u> OFFICERS (NAMES AN	D ADDRESSE	S) ("X" BOX FOR AT			· 中國學術的成長中國東海與公司中國共產 (中國中國中國中國中國中國中國中國中國中國中國中國中國中國中國中國中國中國中國
President Name Rene Reyes			Vice-President Name Angela Reyes		
Street Address 498 Union Ave.			Street Address 10 Lingwood Ave		
	te RI	02 909	City N. Providence	State	Zip 02911
Secretary Name Kately n Wilson			Treasurer Name Alexander Kowalski		
Street Address 92 Arda	way Dr.		Street Address 68 Heath	Ave.	
City Warwick Sta	le PI	Zip 02889	CityWarwick	State	Zip 02888
7. LIST <u>ALL</u> DIRECTORS (NAMES A ("X" BOX FOR ATTACHMENT)	ND ADDRESS	ES). RHODE ISLAND	CORPORATIONS MUST LIST N	IO LESS THAN T	HREE (3) DIRECTORS
Director Name Rene Peyes			Director Name Angela Reves		
Street Address 498 Union Ave			Street Address 10 Longwood Ave		
City Providence Stat		<sup>Zip</sup> 02 90 9	City N. Providence	State 2 I	Zip 02911
Director Name Katelyn Wilso	n		Director Name Alexander	Kowalski	
Street Address 92 Ardway Dr.			Street Address 68 Heath Ave.		
City Warwick Stat	e RI	Zip 02 889	City Warwick	State	Zip 02888
8. REGISTERED AGENT IN RHODE I			1	**************************************	
This information is currently of reco					
This report must be signed by either the or Trustee	e President, Vic	e-President, Secretar	y, Assistant Secretary, Treasurer, d	uly Authorized Re	oresentative, Receiver

File Date Check No 21 Ma 7 = 100 S102	FILED	Under penalty of perjury, I declare and affirm tha this report, including any accompanying schedu and that all statements contained herein are true	iles and statemen
By: ATO SNOTT WOULD FOR SECOND AND APPLICATION OF THE OWNER OWNER OF THE OWNER O	JUL <b>02</b> 2015	Signature of Officer or Authorized Representative	7 / 2 /15 Date
Form No. 631 Revised: 04/2014	A.A.	Revie Reyes  Print or Type Name of Officer or Authorized Represe	entative