

Fee \$50.00
File to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 46200 Annual Report for the year: 1994

Name of Business Entity: Sewrite Manufacturing, Inc.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

147 Martin Street

Cumberland, Rhode Island 02864

Phone: (401) 334-3868

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Ralph J. Sullivan, President

Sewrite Manufacturing, Inc.

P.O. Box 7143

147 Martin Street

Cumberland, RI 02864

Brief statement of the character of business conducted in Rhode Island:

production and manufacturing of fabricated textile products

Date of Organization: March 7, 1988

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
Ralph J. Sullivan	561 Black Plain Road, No.	Smithfield, RI	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
JoAnn D. Sullivan	561 Black Plain Road, No.	Smithfield, RI	
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
JoAnn D. Sullivan	561 Black Plain Road, No.	Smithfield, RI	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)			
JoAnn D. Sullivan	561 Black Plain Road, No.	Smithfield, RI	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	4,000	NUMBER	10
CLASS	Common	CLASS	Common
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	No par value	PAR VALUE OR WITHOUT PAR	No par value

Date Feb 8 19 94

By: Ralph J. Sullivan

Ralph J. Sullivan
PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

Andrew H. Davis, Jr., Esquire
Davis, Kilmarx, Swan & Kohlenberg
1420 Hospital Trust Tower
Providence, RI 02903