



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 2016

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. Filing ID No. 47574		2. Exact name of the Corporation REBTEX COMPANY, INC			
3. Principal office address 5 DIVISION STREET		City EAST GREENWICH	State RI	Zip 02818	
4. Business Phone No. 401-884-2257		5. State of Incorporation 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) <input type="checkbox"/>					
President Name CHRISTINE BOYAVAL			Vice-President Name		
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) <input type="checkbox"/>					
Director Name CHRISTINE BOYAVAL			Director Name		
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			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
			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.

File Date _____

FILED ✓

Check No _____

JAN 04 2016

By: _____

BY 24264

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 1/01/2016
 Signature of Authorized Representative Date

CHRISTINE M. BOYAVAL
 Print or Type Name of Authorized Representative