

**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. Entity ID No. <b>7229</b>		2. Exact name of the Corporation <b>Fabric Connection of Newport, Inc.</b>					
3. Principal office address <b>741 East Main Road</b>				City <b>Middletown</b>		State <b>RI</b>	Zip <b>02842</b>
4. Business Phone No. <b>401-847-2856</b>				5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Wholesale and retail sale of home furnishings and decorative fabrics</b>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <b>Sheryl Goodman</b>				Vice-President Name <b>Jennifer G. O'Neill</b>			
Street Address <b>121 Coggeshall Avenue</b>				Street Address <b>116 Forand Lane</b>			
City <b>Newport</b>		State <b>RI</b>	Zip <b>02840</b>	City <b>Tiverton</b>		State <b>RI</b>	Zip <b>02878</b>
Secretary Name <b>Jennifer G. O'Neill</b>				Treasurer Name <b>Jennifer G. O'Neill</b>			
Street Address <b>116 Forand Lane</b>				Street Address <b>116 Forand Lane</b>			
City <b>Tiverton</b>		State <b>RI</b>	Zip <b>02878</b>	City <b>Tiverton</b>		State <b>RI</b>	Zip <b>02878</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name <b>Sheryl Goodman</b>				Director Name <b>Jennifer G. O'Neill</b>			
Street Address <b>121 Coggeshall Avenue</b>				Street Address <b>116 Forand Lane</b>			
City <b>Newport</b>		State <b>RI</b>	Zip <b>02840</b>	City <b>Tiverton</b>		State <b>RI</b>	Zip <b>02878</b>
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 \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
JAN 22 2016

**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.**

Signature of Authorized Representative

Date \_\_\_\_\_

**Jennifer G. O'Neill**

Print or Type Name of Authorized Representative