



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. <u>9941</u>		2. Exact name of the Corporation <u>THERESA CREATIONS, INC.</u>			
3. Principal office address <u>204 KING PHILIP STREET</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	
4. Business Phone No. <u>(401) 272-4555</u>		5. State of Incorporation <u>RHODE ISLAND</u>			
6. Brief description of the character of business conducted in Rhode Island <u>JOBGING + MANUFACTURING</u>					
OFFICE NAME AND ADDRESS (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name <u>THERESA MAURANO</u>			Vice-President Name <u>SAME AS President</u>		
Street Address <u>56 CONTILLO DRIVE</u>			Street Address		
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	City	State	Zip
Secretary Name <u>SAME AS President</u>			Treasurer Name <u>SAME AS President</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
THE DIRECTOR(S) NAME(S) AND ADDRESS (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name <u>THERESA MAURANO</u>			Director Name		
Street Address <u>56 CONTILLO DRIVE</u>			Street Address		
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES OUTSTANDING (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
			<u>100</u>	<u>Common</u>	<u>NO PAR VALUE</u>

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.

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.

Theresa Maurano 2-16-16  
Signature of Authorized Representative Date

THERESA MAURANO  
Print or Type Name of Authorized Representative

FILED

FEB 18 2016

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