



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>					
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
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
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.			10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input type="checkbox"/>		
			NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>COMMON</u>	PAR VALUE <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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