



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. 000145469		2. Exact name of the Corporation Walt's Clothing, Inc.			
3. Principal office address 837 Cumberland Hill Road		City Woonsocket	State RI	Zip 02895	
4. Business Phone No. 401-765-7582		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Retail sales of clothing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Walter P. Rymanski			Vice-President Name Judy A. LaPlante		
Street Address 837 Cumberland Road			Street Address 33 Sonny Drive		
City Woonsocket	State RI	Zip 02895	City Cumberland	State RI	Zip 02864
Secretary Name Judy A. LaPlante			Treasurer Name Walter P. Rymanski		
Street Address 33 Sonny Drive			Street Address 837 Cumberland Hill Road		
City Cumberland	State RI	Zip 02864	City Woonsocket	State RI	Zip 02895
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Walter P. Rymanski			Director Name		
Street Address 837 Cumberland Hill Road			Street Address		
City Woonsocket	State RI	Zip 02895	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
			250	Common	No Par

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

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.

Walter P. Rymanski 2/25/2016
Signature of Authorized Representative Date

Walter P. Rymanski

Print or Type Name of Authorized Representative

FILED

FEB 29 2016

TV KL 7065