



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. 122730		2. Exact name of the Corporation Fit N Stitch, Inc.			
3. Principal office address 486 Dry Bridge Road			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-294-3492			5. State of Incorporation Delaware		
6. Brief description of the character of business conducted in Rhode Island Design and manufacturer of canvas products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name J. Stanley Stroker			Vice-President Name Jeffrey M. Stroker		
Street Address 49 Falmouth Street			Street Address 58 Goodrich Avenue		
City Johnston	State RI	Zip 02919	City Warwick	State RI	Zip 02886
Secretary Name Lois M. Stroker			Treasurer Name Lois M. Stroker		
Street Address 49 Falmouth Street			Street Address 49 Falmouth Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	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
			100	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.

J. Stanley Stroker 3/7/16
 Signature of Authorized Representative Date
J. Stanley Stroker
 Print or Type Name of Authorized Representative

FILED

MAR 10 2016

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