

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 2015

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. 159703		2. Exact name of the Corporation EMILIA'S CUSTOM TAILOR SHOP, INC.			
3. Principal office address 550 SMITHFIELD AVENUE			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 401-305-5995			5. State of incorporation RI		
6. Brief description of the character of business conducted in Rhode Island SERVICE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name EMILIA MELO			Vice-President Name		
Street Address 79 OLD RIVER RD			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name EMILIA MELO			Treasurer Name EMILIA MELO		
Street Address 79 OLD RIVER RD			Street Address 79 OLD RIVER RD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name EMILIA MELO			Director Name		
Street Address 79 OLD RIVER RD			Street Address		
City LINCOLN	State RI	Zip 02865	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)		
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

FILED

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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.

Emilia C Melo 2/21/2016
 Signature of Authorized Representative Date

EMILIA C MELO
 Print or Type Name of Authorized Representative