



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 7229		2. Exact name of the Corporation Fabric Connection of Newport, Inc.			
3. Principal Office Address 741 East Main Road		City Middletown	State RI	Zip 02842	
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island Wholesale and retail sale of home furnishings and decorative fabrics				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sheryl Goodman			Vice-President Name Jennifer G. O'Neill		
Street Address 121 Coggeshall Avenue			Street Address 116 Forand Lane		
City Newport	State RI	Zip 02840	City Tiverton	State RI	Zip 02878
Secretary Name Jennifer G. O'Neill			Treasurer Name Jennifer G. O'Neill		
Street Address 116 Forand Lane			Street Address 116 Forand Lane		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sheryl Goodman			Director Name Jennifer G. O'Neill		
Street Address 121 Coggeshall Avenue			Street Address 116 Forand Lane		
City Newport	State RI	Zip 02840	City Tiverton	State RI	Zip 02878
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		common		no par value	
11. 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.					
Name of Authorized Representative Jennifer G. O'Neill				Date 1/9/17	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 17 2017

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FORM 630 - Revised: 10/2016