Annual Report for	of State - Busi						
Corporation	tne year: 2017	<u></u>					
→ Filing period: Janua → Filing Fee: \$50.00 → Penalty: Additional \$		not filed by April 1.					
Entity ID Number     Z. Exact name of the Corporation			ion		<u> </u>		
7229	Fabric Co	Fabric Connection of Newport, Inc.					
<ol><li>Principal Office Address</li></ol>		<del></del>	City	<del></del>	State	Zip	
741 East Main Road			Middletow	'n	RI	02842	
4. NAICS Code  44-45 - Retail Trade  5. State of Incorporation  RI		cription of the chara and retail sale of					
7. List ALL officers (names	and addresses)			Che	ck the box to inc	icate an attachme	
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	<sup>Zip</sup> 02840	City Tiverton		State RI	Zip <b>02878</b>	
Secretary Name Jennifer G.	Treasurer Name Jennifer G. O'Neill						
Street Address 116 Forand Lane			Street Address 116 Forand Lane				
City Tiverton	State RI	Zip <b>02878</b>	City Tivertor		State RI	<sup>Zip</sup> 02878	
List ALL directors (names and addresses)			Check the box to indicate an attachme				
Director Name Sheryl Goodi	Director Name Jennifer G. O'Neill						
Street Address 121 Coggeshall Avenue			Street Address 116 Forand Lane				
Newport Newport	State RI	<sup>Zip</sup> 02840	City Tiverton	<u>-</u>	State RI	Zip <b>02878</b>	
irector Name			Director Name				
treet Address		<del> </del>	Street Address	3			
ity	State	Zip	City		State	Zip	
Shares Authorized		10. Shares Iss		Chec	k the box to indic	cate an attachment	
his information is currently of record in the epartment of State.  hanges require an additional filing.		NUMBER OF SHARES 200		CLASS/SERIES PAR VA		PAR VALUE	
				Common		no par value	

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

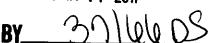
Signature of Authorized Representative

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 10/2016