

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Department of Sta	DIAISIOII	Make Check Payable to: Secretary of State					
Annual Report for the ye	ar: 2017			Make Check	c rayable to	: Secretary of State	
Corporation		In the Amount of \$_50					
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00							
→ Penalty: Additional \$25.00 f	Sign, date, and mail by: 3/1/17						
Entity ID Number		of the Corporatio	n	•		•	
145469	Walt's Clothing, Inc.						
3. Principal Office Address			City	•		•	
837 Cumberland Hill Road			Woonsock	et	RI	02895	
4. NAICS Code	1		cter of business	conducted in Rhode	e Island		
44-45 - Retail Trade	Retail sales of clothing						
5. State of Incorporation	1						
Rhode Island	i			•			
7. List ALL officers (names and add		Check the box to indicate an attachment					
President Name Walter P. Rymansi	Vice-Presiden	Vice-President Name  Judy A. LaPlante					
Street Address 837 Cumberland Road			Street Address 33 Sonny Drive				
City Woonsocket	State RI	<sup>Zip</sup> 02895	City Cumberland		State RI	<sup>Zip</sup> 02864	
Secretary Name Judy A. LaPlante			Treasurer Name Waiter P. Rymanski				
Street Address 33 Sonny Drive			Street Addres	Street Address 837 Cumberland Hill Road			
City Cumberland	State RI	<sup>Zip</sup> 02864	City Woonsocket		State RI	<sup>Zip</sup> 02895	
8. List ALL directors (names and ac	ldresses)		ID:		ck the box to i	ndicate an attachment 🔲	
Director Name Walter P. Rymanski			Director Name	<b>∌</b>			
Street Address 837 Cumberland Hill Road			Street Address				
<sup>City</sup> Woonsocket	State RI	<sup>Zip</sup> 02895	City		State	State Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	**************************************	State	Zip	
9. Shares Authorized		10. Shares Issued			Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES 250		CLASS/SER Common			
11. This report must be executed or trustee, this report must be execute					poration is in	the hands of a receiver or	
Under penalty of perjury, I declar statements, and that all statemen	e and affirm that	l have examine	ed this report, i		ompanying s	chedules and	
Name of Authorized Representative		on are une an	~ ~~		Date	10010	
Walter P. Rymanski				eti Pe		130/17	
Signature of Authorized Representa	itive	SIGN DOC	UMENT HE	FILED			
on aver 11. 1) if	which						

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

Website: www.sos.ri.gov

FEB 0 2 2017

FORM 630 - Revised: 10/2016