



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 2235		2. Exact name of the Corporation Bellows, Inc.			
3. Principal Office Address PO Box 716, 194 School Street			City Forestdale	State RI	Zip 02824
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Sales of Leather Apparel and Accessories			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Yuk P. Bellows			Vice-President Name Frederick Bellows III		
Street Address PO Box 716, 194 School Street			Street Address PO Box 716, 194 School Street		
City Forestdale	State RI	Zip 02824	City Forestdale	State RI	Zip 02824
Secretary Name Yuk P. Bellows			Treasurer Name Yuk P. Bellows		
Street Address PO Box 716, 194 School Street			Street Address PO Box 716, 194 School Street		
City Forestdale	State RI	Zip 02824	City Forestdale	State RI	Zip 02824
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Yuk P. Bellows			Director Name		
Street Address PO Box 716, 194 School Street			Street Address		
City Forestdale	State RI	Zip 02824	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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
			None	Common	No Par
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. <i>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.</i>					
Name of Authorized Representative Yuk P. Bellow				Date 1 31 2017	
Signature of Authorized Representative 				FILED	
SIGN DOCUMENT HERE FEB 03 2017					
BY					

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