



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 1658378		2. Exact name of the Corporation BLACKSTONE RIVER TEXTILES, INC.	
3. Principal Office Address 30 MEETING STREET, UNIT 11		City CUMBERLAND	State RI
		Zip 02864	
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island MANUFACTURING		
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 JOHN PINKOS		Vice-President Name	
Street Address 30 MEETING STREET, UNIT 11		Street Address	
City CUMBERLAND	State RI	Zip 02864	
Secretary Name JOHN PINKOS		Treasurer Name JOHN PINKOS	
Street Address 30 MEETING STREET, UNIT 11		Street Address 30 MEETING STREET, UNIT 11	
City CUMBERLAND	State RI	Zip 02864	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City RICHMOND	State RI	Zip 02915	
Director Name		Director Name	
Street Address		Street Address	
City RICHMOND	State RI	Zip 02915	
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 2,000	CLASS/SERIES COMMON
		PAR VALUE 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. 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 JOHN PINKOS		Date 2/8/17	
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

BY

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