



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 63311		2. Exact name of the Corporation R-LIN-D Corporation DBA Fabric Gallery			
3. Principal Office Address 606 Ten Rod Road, PO Box 988		City North Kingstown		State RI	Zip 02852
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island RETAIL SALES OF DECORATOR FABRICS FOR DRAPERIES, VALENCES, UPHOLSTERY AND SLIPCOVERS, CUSTOM WINDOW TREATMENTS AND WALL COVERINGS				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James P. Celico			Vice-President Name		
Street Address 37 Butternut Drive			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name James P. Celico			Treasurer Name James P. Celico		
Street Address 37 Butternut Drive			Street Address 37 Butternut Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James P. Celico			Director Name		
Street Address 37 Butternut Drive			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
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		
			100	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. 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 James P. Celico				Date January 27, 2017	
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

FILED

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BY 1131605

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