



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 106760		2. Exact name of the Corporation Blowfish Embroidery, Inc.			
3. Principal Office Address 871 Aquidneck Avenue		City Middletown		State RI	Zip 02842
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Embroidery of Items			
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 Stephanie S. Desmond			Vice-President Name		
Street Address 96 Wilkey Avenue			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Douglas T. Desmond			Treasurer Name		
Street Address 96 Wilkey Avenue			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
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	State	Zip	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	
1,000		NONE		No Par Value	
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 STEPHANIE S. DESMOND				Date 2-14-17	
Signature of Authorized Representative <i>Stephanie S. Desmond</i>					

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

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