



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 <b>70459</b>		2. Exact name of the Corporation <b>IMAGE SPORTSWEAR, INC.</b>									
3. Principal Office Address <b>22 PARTRIDGE STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>						
4. NAICS Code <b>31-33 - Manufacturing</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO DESIGN AND AID IN THE MANUFACTURING OF WEARING APPAREL; TO PERFORM TEXTILE SCREENPRINTING.</b>									
5. State of Incorporation <b>RHODE ISLAND</b>											
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>											
President Name <b>ROBERT R. DIGIUSEPPE</b>			Vice-President Name <b>CHARLES A. CALVERLEY, III</b>								
Street Address <b>165 McMAHON STREET</b>			Street Address <b>116 TJ DRIVE</b>								
City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02721</b>	City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>						
Secretary Name <b>CHARLES A. CALVERLEY, III</b>			Treasurer Name <b>ROBERT R. DIGIUSEPPE</b>								
Street Address <b>116 TJ DRIVE</b>			Street Address <b>165 McMAHON STREET</b>								
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02721</b>						
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>											
Director Name <b>ROBERT R. DIGIUSEPPE</b>			Director Name <b>CHARLES A. CALVERLEY, III</b>								
Street Address <b>165 McMAHON STREET</b>			Street Address <b>116 TJ DRIVE</b>								
City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02721</b>	City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>								
			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>COMMON</b></td> <td><b>NO PAR</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>
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<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>									
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.											
<b>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.</b>											
Name of Authorized Representative <b>CHARLES A. CALVERLEY, III</b>					Date <b>2/14/17</b>						
Signature of Authorized Representative 											

**FILED****FEB 24 2017**

BY

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