



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 18806		2. Exact name of the Corporation Leavers Lace Corporation		
3. Principal Office Address 1375 Warwick Avenue		City Warwick	State RI	Zip 02888
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island sell, lease and use machinery for the production, manufacture and sale of fabrics			
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 Mark Klauber		Vice-President Name Gordon Klauber		
Street Address 980 Avenue of the Americas		Street Address 980 Avenue of the Americas		
City New York	State NY	Zip 10018	City New York	State NY
Secretary Name Joshua Klauber		Treasurer Name York Roberts		
Street Address 980 Avenue of the Americas		Street Address 144 Mishnock Road		
City New York	State NY	Zip 10018	City West Greenwich	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Mark Klauber		Director Name Gordon Klauber		
Street Address 980 Avenue of the Americas		Street Address 980 Avenue of the Americas		
City New York	State NY	Zip 10018	City New York	State NY
Director Name Joshua Klauber		Director Name		
Street Address 980 Avenue of the Americas		Street Address		
City New York	State NY	Zip 10018	City	State
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 200	CLASS/SERIES Common	PAR VALUE 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 MARK KLAUBER			Date 2/24/2017	
Signature of Authorized Representative <i>[Handwritten Signature]</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

FILED

MAR 01 2017

BY 24032 DS