



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>18806</b>		2. Exact name of the Corporation <b>Leavers Lace Corporation</b>			
3. Principal Office Address <b>1375 Warwick Avenue</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
4. NAICS Code <b>31-33 - Manufacturing</b> <input type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island <b>sell, lease and use machinery for the production, manufacture and sale of fabrics</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>Mark Klauber</b>			Vice-President Name <b>Gordon Klauber</b>		
Street Address <b>980 Avenue of the Americas</b>			Street Address <b>980 Avenue of the Americas</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10018</b>	City <b>New York</b>	State <b>NY</b>	Zip <b>10018</b>
Secretary Name <b>Joshua Klauber</b>			Treasurer Name <b>York Roberts</b>		
Street Address <b>980 Avenue of the Americas</b>			Street Address <b>144 Mishnock Road</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10018</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</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>Mark Klauber</b>			Director Name <b>Gordon Klauber</b>		
Street Address <b>980 Avenue of the Americas</b>			Street Address <b>980 Avenue of the Americas</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10018</b>	City <b>New York</b>	State <b>NY</b>	Zip <b>10018</b>
Director Name <b>Joshua Klauber</b>			Director Name		
Street Address <b>980 Avenue of the Americas</b>			Street Address		
City <b>New York</b>	State <b>NY</b>	Zip <b>10018</b>	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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>200</b>		<b>Common</b>	<b>No Par Value</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>MARK KLAUBER</b>				Date <b>2/24/2017</b>	
Signature of Authorized Representative <i>[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**

**2403205**

FORM 630 - Revised: 10/2016