



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 92479		2. Exact name of the Corporation CLASSIC EMBROIDERY COMPANY			
3. Principal Office Address 855 WATERMAN AVENUE, SUITE G		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island EMBROIDER CORPORATE APPAREL			
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 NANCY FONTAINE			Vice-President Name		
Street Address 50 SNELL ROAD			Street Address		
City LITTLE COMPTON	State RI	Zip 02837	City	State	Zip
Secretary Name NANCY FONTAINE			Treasurer Name NANCY FONTAINE		
Street Address 50 SNELL ROAD			Street Address 50 SNELL ROAD		
City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON	State RI	Zip 02837
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
			0		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 NANCY FONTAINE				Date 3/8/17	
Signature of Authorized Representative 				FILED MAR 8 2017 BY 8757 JAW	