



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2017**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 104857		2. Exact name of the Corporation CONTRAK DRAPERIES MFG., CO., Inc.			
3. Principal office address 1307 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. Business Phone No. 401-724-3400			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Manufacturing and selling draperies and associated household furnishings.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Robert A. Thomas			Vice-President Name Vacant		
Street Address 1307 Mineral Spring Avenue			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Albert W. Thomas			Treasurer Name Christopher W. Thomas		
Street Address 1307 Mineral Spring Avenue			Street Address 1307 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Robert A. Thomas			Director Name Christopher W. Thomas		
Street Address 1307 Mineral Spring Avenue			Street Address 1307 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name Albert W. Thomas			Director Name		
Street Address 1307 Mineral Spring Avenue			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	Common	No Par Value

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

MAR 28 2017

BY **299395**

AA

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.

Signature of Authorized Representative

Christopher W. Thomas, Treasurer

Print or Type Name of Authorized Representative

Date

03/28/17

RECEIVED
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