



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.

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 BUS SVCS DIV

2017 OCT -2 PM 2:46

1. Entity ID Number 144305		2. Exact name of the Corporation Elmwood Fashion & Services, Inc.			
3. Principal Office Address 489 Elmwood Avenue			City Providence	State RI	Zip 02907
4. NAICS Code 454110		6. Brief description of the character of business conducted in Rhode Island Clothing and accessories, retail services and related matters any any other lawful business.			
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 Wilbert Tejada			Vice-President Name Evelyn Tejada		
Street Address 489 Elmwood Avenue			Street Address 489 Elmwood Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Evelyn Tejada			Treasurer Name Wilbert Tejada		
Street Address 489 Elmwood Avenue			Street Address 489 Elmwood Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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	PAR VALUE
			66	Common	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 Wilbert Tejada, President					Date 3/7/17
Signature of Authorized Representative 					
SIGN DOCUMENT FILED					

OCT 02 2017

BY 313837 KAM