RI SOS Filing Number: 201750816420 Date: 10/2/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

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2017 OCT -2 PM 2: 4600 Y

→ 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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Entity ID Number		2. Exact name of the Corporation					
144305	Elmwood F	Elmwood Fashion & Services, Inc.					
3. Principal Office Address	ice Address				State	Zip	
489 Elmwood Avenue			Providence	9	RI _	02907	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
454110	Clothing a	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							
President Name Wilbert Tejada	Vice-President Name Evelyn Tejada						
Street Address 489 Elmwood Av	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	^{Zıp} 02907	
8. List ALL directors (names and	addresses)			Checi	the box to in	dicate an attachment 🔲	
Director Name None			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
. Shares Authorized 10. Shall		10. Shares Iss	Ssued Check the box to indicate an attachment				
This information is currently of record in the			OF SHARES CLASS/SERIES PAR VALUE				
Department of State.		66		Common		No Par Value	
Changes require an additional filir	ng.			-			
11. This report must be executed	I on behalf of the	corporation by an	authorized repre	I sentative. If the corp	oration is in the	ne 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.							
statements, and that all statem Name of Authorized Represental		nerein are true ar	ia correct.		Date		
Wilbert Tejada, President			2.	46 pm	,	3/7/17	
Signature of Authorized Representative SIGN DOCUMEN FILED						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
un							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 02 2017

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