



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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

STAMP

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1. Entity ID Number <b>891193</b>		2. Exact name of the Corporation <b>St. Pauly Textile East, Inc.</b>			
3. Principal Office Address <b>1067 Gateway Drive</b>		City <b>Farmington</b>		State <b>New York</b>	Zip <b>14425</b>
4. NAICS Code <b>423930</b>		6. Brief description of the character of business conducted in Rhode Island <b>Collection and Recycling of Used Clothing</b>			
5. State of Incorporation <b>New York</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>Joseph R. DeGeorge</b>			Vice-President Name <b>Joseph R. Howlett</b>		
Street Address <b>1067 Gateway Drive</b>			Street Address <b>1067 Gateway Drive</b>		
City <b>Farmington</b>	State <b>NY</b>	Zip <b>14425</b>	City <b>Farmington</b>	State <b>NY</b>	Zip <b>14425</b>
Secretary Name <b>Benjamin W. DeGeorge</b>			Treasurer Name <b>Joseph R. Howlett</b>		
Street Address <b>1067 Gateway Drive</b>			Street Address <b>1067 Gateway Drive</b>		
City <b>Farmington</b>	State <b>NY</b>	Zip <b>14425</b>	City <b>Farmington</b>	State <b>NY</b>	Zip <b>14425</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			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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>200</b>		<b>None</b>	<b>\$0</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. 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 <b>Joseph R. Howlett</b>					Date <b>12/27/2017</b>
Signature of Authorized Representative 					

**FILED**  
 SIGN DOCUMENT HERE

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