



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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 94959		2. Exact name of the Corporation THURSTON CANVAS, INC.			
3. Principal Office Address 112 TUPELO STREET			City BRISTOL	State RI	Zip 02809
4. NAICS Code 314910		6. Brief description of the character of business conducted in Rhode Island MANUFACTURING AND SALE OF CANVAS AND CANVAS PRODUCTS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN K. THURSTON			Vice-President Name NEIL THURSTON		
Street Address 112 TUPELO STREET			Street Address 112 TUPELO STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name STEVEN K. THURSTON			Treasurer Name STEVEN K. THURSTON		
Street Address 112 TUPELO STREET			Street Address 112 TUPELO STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN K. THURSTON			Director Name NONE		
Street Address 112 TUPELO STREET			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES 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 STEVEN K. THURSTON					Date
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 02 2018

BY

FORM 630 - Revised: 10/2017