



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 16 2018

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.

BY 1212

1. Entity ID Number 000485464		2. Exact name of the Corporation Thirids, Inc.			
3. Principal Office Address 32 Gooding Avenue			City Bristol	State RI	Zip 02809
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island Retail consignment sales.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Mary E. Tabor			Vice-President Name Mary E. Tabor		
Street Address 12 Sunnyside Avenue			Street Address 12 Sunnyside Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Mary E. Tabor			Treasurer Name Mary E. Tabor		
Street Address 12 Sunnyside Avenue			Street Address 12 Sunnyside Avenue		
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 ☐					
Director Name Mary E. Tabor			Director Name		
Street Address 12 Sunnyside Avenue			Street Address		
City Bristol	State RI	Zip 02809	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 ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	0.01
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 Mary E. Tabor					Date 02/13/2018
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov