



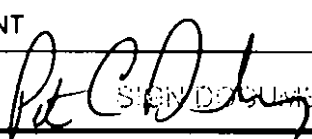
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 21 AM 8:37

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 9647		2. Exact name of the Corporation DONNELLY'S, INC. OF RI			
3. Principal Office Address 50 Sharpe Drive		City Cranston		State RI	Zip 02920
4. NAICS Code 448190		6. Brief description of the character of business conducted in Rhode Island RETAIL CLOTHING			
5. State of Incorporation ri					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name PETER C. DONNELLY			Vice-President Name none		
Street Address 50 SHARPE DRIVE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name ANNE MARIE DONNELLY			Treasurer Name PETER C. DONNELLY		
Street Address 50 SHARPE DRIVE			Street Address 50 SHARPE DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name PETER C. DONNELLY			Director Name		
Street Address 50 SHARPE DRIVE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 1,000	CLASS/SERIES common	PAR VALUE \$1.00
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 PETER C. DONNELLY, PRESIDENT					Date 2-2-18
Signature of Authorized Representative 					

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

FILED

FEB 21 2018

FORM 630 - Revised: 10/2016

BY

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