



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

FILED

Annual Report for the year: 2018
 Corporation

MAR 07 2018

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 3864 *LOK*

1. Entity ID Number 5506		2. Exact name of the Corporation THE FANTASTIC UMBRELLA FACTORY, INC.			
3. Principal Office Address 72 NORTH STONINGTON ROAD		City MYSTIC		State CT	Zip 06355
4. NAICS Code 453220		6. Brief description of the character of business conducted in Rhode Island RETAIL SALES			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ROBERT P. BANKEL		Vice-President Name EVAN J. NICKLES			
Street Address 72 NORTH STONINGTON ROAD		Street Address 72 NORTH STONINGTON ROAD			
City MYSTIC	State CT	Zip 06355	City MYSTIC	State CT	Zip 06355
Secretary Name EVAN J. NICKLES		Treasurer Name EVAN J. NICKLES			
Street Address 72 NORTH STONINGTON RD.		Street Address 72 NORTH STONINGTON RD.			
City MYSTIC	State CT	Zip 06355	City MYSTIC	State CT	Zip 06355
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name ROBERT P. BANKEL		Director Name			
Street Address 72 NORTH STONINGTON RD.		Street Address			
City MYSTIC	State CT	Zip 06355	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	COMMON	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 ROBERT P. BANKEL				Date 2/25/18	
Signature of Authorized Representative <i>Robert P. Bankel</i>		SIGN DOCUMENT HERE			

MAIL TO:
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 Website: www.sos.ri.gov