



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 LOH

1. Entity ID Number <b>5506</b>		2. Exact name of the Corporation <b>THE FANTASTIC UMBRELLA FACTORY, INC.</b>			
3. Principal Office Address <b>72 NORTH STONINGTON ROAD</b>		City <b>MYSTIC</b>		State <b>CT</b>	Zip <b>06355</b>
4. NAICS Code <b>453220</b>		6. Brief description of the character of business conducted in Rhode Island  <b>RETAIL SALES</b>			
5. State of Incorporation <b>R.I.</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>ROBERT P. BANKEL</b>			Vice-President Name <b>EVAN J. NICKLES</b>		
Street Address <b>72 NORTH STONINGTON ROAD</b>			Street Address <b>72 NORTH STONINGTON ROAD</b>		
City <b>MYSTIC</b>	State <b>CT</b>	Zip <b>06355</b>	City <b>MYSTIC</b>	State <b>CT</b>	Zip <b>06355</b>
Secretary Name <b>EVAN J. NICKLES</b>			Treasurer Name <b>EVAN J. NICKLES</b>		
Street Address <b>72 NORTH STONINGTON RD.</b>			Street Address <b>72 NORTH STONINGTON RD.</b>		
City <b>MYSTIC</b>	State <b>CT</b>	Zip <b>06355</b>	City <b>MYSTIC</b>	State <b>CT</b>	Zip <b>06355</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 <b>ROBERT P. BANKEL</b>			Director Name		
Street Address <b>72 NORTH STONINGTON RD.</b>			Street Address		
City <b>MYSTIC</b>	State <b>CT</b>	Zip <b>06355</b>	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		
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>ROBERT P. BANKEL</b>					Date <b>2/25/18</b>
Signature of Authorized Representative <span style="float:right">SIGN DOCUMENT HERE</span>					