State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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	2. Exact name of the Corporation		
8404	DRAPERY HOUSE, INC.		
3. Principal Office Address	City	State	Zip
1307 Mineral Spring Avenue	North Providence	RI	02904
4. NAICS Code: 442291	6. Brief description of the character of business conducted in Rhode Island: Manufacturing and selling draperies and associated household furnishings.		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Robert A. Thomas			Vice-President Name: Vacant		
Street Address: 1307 Mineral Spring Avenue			Street Address:		
City: North Providence	State: RI	Zip: 02904	City:	State:	Zip:
Secretary Name: Albert W. Thomas			Treasurer Name: Christopher W. Thomas		
Street Address: 1307 Mineral Spring Avenue			Street Address: 1307 Mineral Spring Avenue		
City: North Providence	State: RI	Zip: 02904	City: North Providence	State: RI	Zip: 02904

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Robert A. Thomas			Director Name: Christopher W. Thomas		
Street Address: 1307 Mineral Spring Avenue			Street Address: 1307 Mineral Spring Avenue		
City: North Providence	State: RI	Zip: 02904	City: North Providence	State: RI	Zip: 02904
Director Name: Albert W. Thomas			Director Name:		
Street Address: 1307 Mineral Spring Avenue			Street Address:		
City: North Providence	State: RI	Zip: 02904	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	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: **Christopher W. Thomas, Treasurer**

Date: 02/01/18

Signature of Authorized Representative

FILED

SIGN DOCUMENT HERE

MAR 23 2018

BY KL 327154

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

FORM 630 - Revised: 10/2017