



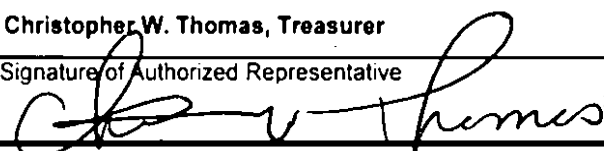
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 104857		2. Exact name of the Corporation CONTRAK DRAPERIES MFG., CO., INC.												
3. Principal Office Address 1307 Mineral Spring Avenue			City North Providence	State RI	Zip 02904									
4. NAICS Code 442 291		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 ☐												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	Common	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
600	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 03/01/18									
Signature of Authorized Representative 					FILED MAR 23 2018 SIGN DOCUMENT HERE BY KL327ISS									

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