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CORPORATIONS DIV
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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.

1. Entity ID Number 147982		2. Exact name of the Corporation COUTURE BRIDAL, CO.	
3. Principal Office Address 3566 POST ROAD		City WARWICK	State RI
		Zip 02886	
4. NAICS Code 448190	6. Brief description of the character of business conducted in Rhode Island BRIDAL SHOP		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ANNMARIE THERRIAULT		Vice-President Name ANNMARIE THERRIAULT	
Street Address 31 KING STREET		Street Address 31 KING STREET	
City COVENTRY	State RI	City COVENTRY	State RI
Zip 02816		Zip 02816	
Secretary Name ANNMARIE THERRIAULT		Treasurer Name ANNMARIE THERRIAULT	
Street Address 31 KING STREET		Street Address 31 KING STREET	
City COVENTRY	State RI	City COVENTRY	State RI
Zip 02816		Zip 02816	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ANNMARIE THERRIAULT		Director Name	
Street Address 31 KING STREET		Street Address	
City COVENTRY	State RI	City	State
Zip 02816		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES		
	CLASS/SERIES		PAR VALUE
	100	COMMON	NO PAR
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 ANNMARIE THERRIAULT, PRESIDENT		Date 7/5/18	
Signature of Authorized Representative <i>Annmarie Therriault, President</i>		FILED	

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

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KL 1 PF KM FORM 630 - Revised: 10/2017