



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

Annual Report for the year: 2014
Corporation

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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION
 2018 AUG 16 PM 1:36
 02886

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 ANNEMARIE THERIAULT <i>Annmarie</i>			Vice-President Name ANNEMARIE THERIAULT <i>Annmarie</i>		
Street Address 31 KING STREET			Street Address 31 KING STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name ANNEMARIE THERIAULT <i>Annmarie</i>			Treasurer Name ANNEMARIE THERIAULT <i>Annmarie</i>		
Street Address 31 KING STREET			Street Address 31 KING STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANNEMARIE THERIAULT <i>Annmarie</i>			Director Name		
Street Address 31 KING STREET			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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		
			100		NO PAR
			COMMON		
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 ANNEMARIE THERIAULT, PRESIDENT <i>Annmarie</i>				Date 12/2/17	
Signature of Authorized Representative <i>Annmarie Theriault, 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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