



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP
FEB 27 2019BY 619130 DS

1. Entity ID Number 96832		2. Exact name of the Corporation ARTVAC CORPORATION			
3. Principal Office Address 17 New England Way			City Lincoln	State RI	Zip 02865
4. NAICS Code 315990		6. Brief description of the character of business conducted in Rhode Island Manufacturing, selling at wholesale or retail, and otherwise dealing in shoe findings, trimmings and ornaments.			
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 W. Russell Mershon			Vice-President Name None.		
Street Address 17 New England Way			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Raymond Hodges, Jr.			Treasurer Name J. Anthony Maneca		
Street Address 17 New England Way			Street Address 17 New England Way		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name W. Russell Mershon			Director Name J. Anthony Maneca		
Street Address 17 New England Way			Street Address 17 New England Way		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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		
			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 W. Russell Mershon, President					Date 2/11/19
Signature of Authorized Representative 					