



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

Annual Report for the year: 2019
Corporation

FILED T.A. P.

MAR 21 2019

BY 2806 OS

- 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 110062		2. Exact name of the Corporation RAG & BONE BINDERY, LTD.			
3. Principal Office Address 1088 Main Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 523117 Other Services (except Publishing)		6. Brief description of the character of business conducted in Rhode Island Hard-bound books, handmade albums, guest books, journals, etc., for the gift, stationery and wedding industries.			
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 Jason Thompson			Vice-President Name Ilira Steinman		
Street Address 109 11th Street			Street Address 109 11th Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Jason Thompson			Treasurer Name Ilira Steinman		
Street Address 109 11th Street			Street Address 109 11th Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jason Thompson			Director Name Ilira Steinman		
Street Address 109 11th Street			Street Address 109 11th Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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
			500		COMMON
					NONE
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. <i>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.</i>					
Name of Authorized Representative Jason Thompson, President				Date 3/14/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov