



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 Pu		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		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		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		Zip 02906	
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip	City		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	
			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