



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

Annual Report for the year: 2019
Corporation

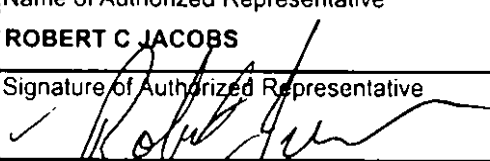
- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

APR 12 2019

BY

1275

1. Entity ID Number 000115021		2. Exact name of the Corporation CAROLINA SEAL AND QUILT, INC												
3. Principal Office Address 132 HERB LEVY RD			City MARION	State SC	Zip 29571									
4. NAICS Code 339900		6. Brief description of the character of business conducted in Rhode Island NO BUSINESS IS CONDUCTED IN RHODE ISLAND												
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 ROBERT C JACOBS			Vice-President Name TIM BASS											
Street Address 619 WAHEE RD			Street Address 2020 S HWY 501											
City MARION	State SC	Zip 29571	City MARION	State SC	Zip 29571									
Secretary Name ROBERT C JACOBS			Treasurer Name TIM BASS											
Street Address 619 WAHEE RD			Street Address 2020 S HWY 501											
City MARION	State SC	Zip 29571	City MARION	State SC	Zip 29571									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name ROBERT C JACOBS			Director Name TIM BASS											
Street Address 619 WAHEE RD			Street Address 2020 S HWY 501											
City MARION	State SC	Zip 29571	City MARION	State SC	Zip 29571									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td>8000</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td>2400</td> <td>COMMON</td> <td>NO PAR</td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	8000	COMMON	NO PAR	2400	COMMON	NO PAR
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
8000	COMMON	NO PAR												
2400	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 ROBERT C JACOBS				Date 3-26-19										
Signature of Authorized Representative 														

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