



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

Annual Report for the year: 2018
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 DIV
 2019 MAY -1 PM 12:11

1. Entity ID Number 000108673		2. Exact name of the Corporation VSM Sewing Inc.			
3. Principal Office Address 1714 Heil Quaker Blvd, Ste 130			City La Vergne	State TN	Zip 37086
4. NAICS Code 423990		6. Brief description of the character of business conducted in Rhode Island Wholesale and retail sales of sewing machines and related products			
5. State of Incorporation Ohio					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Perez			Vice-President Name Teresa Bell		
Street Address 1714 Heil Quaker Blvd, Ste 130			Street Address 1714 Heil Quaker Blvd, Ste 130		
City La Vergne	State TN	Zip 37086	City La Vergne	State TN	Zip 37086
Secretary Name Beverly Sharpe			Treasurer Name		
Street Address 1714 Heil Quaker Blvd, Ste 130			Street Address		
City La Vergne	State TN	Zip 37086	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Perez			Director Name Beverly Sharpe		
Street Address 1714 Heil Quaker Blvd, Ste 130			Street Address 1714 Heil Quaker Blvd, Ste 130		
City La Vergne	State TN	Zip 37086	City La Vergne	State TN	Zip 37086
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
		100	Common	0.00	
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 David Perez				Date 04/30/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE 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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