



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

**FILED**  
**STAMP**  
 JAN 15 2020

Annual Report for the year: 2020  
 Corporation

BY 25261

- 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 <b>047574</b>		2. Exact name of the Corporation <b>REBTEX COMPANY, INC.</b>	
3. Principal Office Address <b>5 DIVISION STREE</b>		City <b>EAST GREENWICH</b>	State <b>RI</b>
		Zip <b>02818</b>	
4. NAICS Code <b>333292</b>	6. Brief description of the character of business conducted in Rhode Island <b>SALE OF TEXTILE SUPPLIES</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>CHRISTINE M. BOYAVAL</b>		Vice-President Name	
Street Address <b>66 CHAMPLIN ROAD</b>		Street Address	
City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>CHRISTINE M. BOYAVAL</b>		Director Name	
Street Address <b>66 CHAMPLIN ROAD</b>		Street Address	
City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>200</b>	CLASS/SERIES <b>COMMON</b>
		PAR VALUE <b>NO PAR VALUE</b>	
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 <b>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.</b>			
Name of Authorized Representative <b>CHRISTINE M. BOYAVAL</b>		Date <b>01/13/2020</b>	
Signature of Authorized Representative <i>Christine M Boyaval</i> SIGN DOCUMENT HERE			

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