



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

Annual Report for the year: **2020**
 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
STAMP
 JAN 15 2020
 BY 25261

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

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.n.gov