



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 22 2020
 BY 5425 DS

1. Entity ID Number 18028		2. Exact name of the Corporation House of Brides Inc.			
3. Principal Office Address 203 Pond Street			City Woonsocket	State RI	Zip 02895
4. NAICS Code 448120		6. Brief description of the character of business conducted in Rhode Island Real Estate Holding Company			
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 Lynda Spencer-Smith			Vice-President Name Nancy Spencer		
Street Address 170 Providence Pike, Unit 111			Street Address 10 Mallard Lane		
City North Smithfield	State RI	Zip 02896	City East Harwich	State Mass	Zip
Secretary Name Lynda Spencer-Smith			Treasurer Name Nancy Spencer		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lynda Spencer-Smith			Director Name Nancy Spencer		
Street Address 170 Providence Pike, Unit 111			Street Address 10 Mallard Lane		
City North Smithfield	State RI	Zip 02896	City East Harwich	State Mass	Zip
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	
		100		Preferred	
		100		Preferred	
				PAR VALUE	
				no 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. 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 Lynda Spencer-Smith <i>Lynda Spencer-Smith</i>				Date January 2, 2020	
Signature of Authorized Representative SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov