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.

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SECRETARY OF STATE
CORPORATIONS

1. Entity ID Number	2. Exact name of the Corporation			
1700452	**Samuel & Sons Passementerie, Inc.**			
3. Principal Office Address		City	State	Zip
983 Third Avenue		**New York**	**NY**	**10022**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423990	**sale of trimming for home furnishings**			
5. State of Incorporation				
New York				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Samuel M. Cohen**			Vice-President Name		
Street Address **983 Third Avenue**			Street Address		
City **New York**	State **NY**	Zip **10022**	City	State	Zip
Secretary Name **Hy S. Cohen**			Treasurer Name **Michael S. Cohen**		
Street Address **983 Third Avenue**			Street Address **983 Third Avenue**		
City **New York**	State **NY**	Zip **10022**	City **New York**	State **NY**	Zip **10022**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Samuel M. Cohen**			Director Name **Hy S. Cohen**		
Street Address **983 Third Avenue**			Street Address **983 Third Avenue**		
City **New York**	State **NY**	Zip **10022**	City **New York**	State **NY**	Zip **10022**
Director Name **Michael S. Cohen**			Director Name		
Street Address **983 Third Avenue**			Street Address		
City **New York**	State **NY**	Zip **10022**	City	State	Zip

9. Shares Authorized — 10. Shares Issued: 100 Class A, 10,000 Class B — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	**Class A/Voting**	**$0.01 per share**
20,000	**Class B/Non-Voting**	**$0.01 per share**

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	Date
Samuel Cohen	1/27/19

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

JAN 29 2020

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FORM 630 - Revised: 10/2017