



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

Annual Report for the year:
Corporation

2019

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2020 FEB -3 AM 10:30

1. Entity ID Number 1686289		2. Exact name of the Corporation RAINBOW HILL CLOTHING CO INC			
3. Principal Office Address 1190 MAIN ST P.O. Box 285		City WYOMING		State RI	Zip 02898
4. NAICS Code 448140		6. Brief description of the character of business conducted in Rhode Island CLOTHING RETAIL			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL JEMAL			Vice-President Name		
Street Address 1190 MAIN ST P.O. Box 285			Street Address		
City WYOMING	State RI	Zip 02898	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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		
			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 MICHAEL JEMAL					Date 2/3/2020
Signature of Authorized Representative 					

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

FEB 03 2020

BY CE 5E3M7

10:31 FORM 630 - Revised: 02/2017