



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

FEB 21 2020

6497

1. Entity ID Number <b>000122730</b>		2. Exact name of the Corporation <b>Fit N Stitch, Inc.</b>	
3. Principal Office Address <b>486 Dry Bridge Road</b>		City <b>North Kingstown</b>	State <b>RI</b>
		Zip <b>02882</b>	
4. NAICS Code <b>339900</b>	6. Brief description of the character of business conducted in Rhode Island <b>Design and manufacturer of canvas products</b>		
5. State of Incorporation <b>Delaware</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>J. Stanley Stroker</b>		Vice-President Name <b>Jeffrey M. Stroker</b>	
Street Address <b>49 Falmouth Street</b>		Street Address <b>58 Goodrich Avenue</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02886</b>	
Secretary Name <b>Lois Stroker</b>		Treasurer Name <b>Lois Stroker</b>	
Street Address <b>49 Falmouth Street</b>		Street Address	
City <b>Johnston</b>	State <b>RI</b>	City	State
Zip <b>02919</b>		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>N/A</b>		Director Name <b>N/A</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASSIFIED	
		PAR VALUE	
		<b>100</b>	<b>Common</b>
			<b>No Par</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.			
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 <b>J. Stanley Stroker</b>			Date <b>1/18/20</b>
Signature of Authorized Representative <i>J. Stanley Stroker</i>			SIGN DOCUMENT HERE

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