



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

FEB 24 2020

BY-065676

1. Entity ID Number 4701		2. Exact name of the Corporation CONRAD-JARVIS, CORP.			
3. Principal Office Address 217 CONANT STREET			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 313221		6. Brief description of the character of business conducted in Rhode Island MANUFACTURER OF NARROW FABRICS			
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 WILLIAM T. JARVIS			Vice-President Name WILLIAM T. JARVIS		
Street Address 140 BROAD STREET			Street Address 140 BROAD STREET		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Secretary Name MICHELE J. SCOGGINS			Treasurer Name GEORGE SCOGGINS		
Street Address 186 OLD RIVER ROAD, UNIT #4			Street Address 186 OLD RIVER ROAD, UNIT #4		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GEORGE SCOGGINS			Director Name NONE		
Street Address 186 OLD RIVER ROAD, UNIT #4			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name WILLIAM T. JARVIS			Director Name MICHELE J. SCOGGINS		
Street Address 140 BROAD STREET			Street Address 186 OLD RIVER ROAD, UNIT #4		
City REHOBOTH	State MA	Zip 02769	City LINCOLN	State RI	Zip 02865
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. 3,750 COMM NO PAR VALUE Changes require an additional filing.		NUMBER OF SHARES			
		CLASS/SERIES		PAR VALUE	
		200	COMMON	NONE	
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 GEORGE SCOGGINS, TREASURER				Date 02/17/20	
Signature of Authorized Representative 					